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ABSTRACT

This book is planned to provide guidance for nurses in planning, conducting, and evaluating programs of continuing education; content is built on the collective experiences and thinking of a regional group of nurse educators engaged in developing a coordinated program for a large geographical area. After discussion of changing patterns of health care, it enlarges on the place of continuing nursing education within the organizational structure of the university. Then follow a chapter on developing the curriculum--assessing needs, defining objectives, and designing activities to achieve these objectives--and one of teaching methods. A chapter covers the choice of human, physical, and material resources; another discusses the consultation process. Another covers financial resources (grants, contracts) and budgeting and provides a sample budget for a conference. The next discusses an effective public relations program. Finally there is a description of the series of continuing education workshops conducted from 1957 to the present by the Continuing Education Seminar of the Western Council on Higher Education for Nursing. (WCHEN). Appendixes discuss responsibilities of teachers of continuing education courses, conference equipment and supplies checklist, meeting room chart, and literature resources. There is a bibliography. (EB)

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continuing
education
in
Nursing

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Nursing is a progressive art,
In which to stand still is to go back.
A woman who thinks to herself,
"Now I am a full nurse, a skilled nurse,
I have learnt all there is to be learnt."
Take my word for it, she does not know,
What a nurse is, and never will know;
She is gone back already.
Progress can never end but with a nurse's life.

Florence Nightingale

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CONTINUING EDUCATION IN NURSING

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FOREWORD

This publication is significant in that it is the first report in nursing literature of the collective experiences and thinking of a regional group of nurse educators engaged in developing a coordinated program in continuing education in nursing for a large geographical area. The authors, most of whom are directors of continuing education in nursing in state universities of the West, are members of the Continuation Education Seminar of the Western Council on Higher Education for Nursing (WCHEN), a council of the Western Interstate Commission for Higher Education (WICHE). The book is planned to provide guidance for nurses in planning, conducting, and evaluating programs of continuing education.

Content is built upon the collective and individual experiences of the writers. The collective experiences began in 1957 with the formation of the Continuation Education Seminar of WCHEN and proceeded through a Central Training Course for leadership in planning and conducting continuing education courses in nursing to the direction of such programs in subregions of the western area. The programs were essentially the same in all subregions at their inception and continue to be closely correlated through the semiannual meetings of the Continuation Education Seminar.

Continuing education has been described as a new frontier of educational activities designed to utilize the resources of education centers to communicate new knowledge to receptive and able participants. In current practice, continuing education is aimed largely at updating and increasing the knowledge and skills of practitioners in the professions. The WCHEN continuing education program involves the active participation of many persons: the WICHE staff, appropriate consultants and university personnel, and selected participants from leadership positions in nursing service and nursing education throughout the western United States.

In 1957, the W. K. Kellogg Foundation, long an advocate and supporter of continuing education, assisted the Western Interstate Commission for Higher Education with a grant to initiate a three-year experimental program designed to improve nursing care through the upgrading of the administrative, supervisory, and teaching skills of nurses. The grant included provision for evaluation. There were no precedents in the field of continuing education in nursing, and the development and application of evaluative procedures required much thought and experimentation. However, the evaluation outcomes were so promising that federal assistance was granted the continuing education program for an additional four-year period with succeeding grants to the present.

Readers will be particularly interested in the philosophy of continuing education developed by the seminar and the reflection of this philosophy throughout the book, in descriptions of the methodology used, and in references to evaluative procedures. These last are described in detail by some of the same authors in a 1967 WICHE publication entitled, *The Effectiveness of a Leadership Program in Nursing.*

The sharing of the challenging experiences in continuing education in nursing which permeate this book is a privilege and a factor in making the book a vital contribution to nursing history and nursing literature.

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Nursing, W. K. Kellogg Foundation

PREFACE

The authors of this publication have for several years been closely associated with each other in a regional project in which they have been engaged in designing, planning, teaching, and evaluating continuing education in nursing. The philosophy, curriculum development, and procedures presented in the publication have been personally experienced, developed, and evaluated in numerous and varied situations.

The role of the university encompasses the areas of teaching, research, and community service. Continuing education courses in universities and colleges make a unique contribution in each of these areas. In continuing education in nursing, the primary commitment is to the continuing education of nurse practitioners so that the ever-changing and developing health needs and expectations of the public can be met. When a university or college provides education for nursing, whether it is associate degree, baccalaureate, or graduate education, the institution has an obligation to create opportunities for the practitioners to continue their education. Thus, associate degree programs in community and junior colleges appropriately plan ways and means of continuing education of a technical nature, and colleges and universities offering baccalaureate and graduate programs have equivalent responsibilities for continuing education of the professional nurse. In the West, state universities offering baccalaureate and graduate programs in nursing have taken leadership in all levels of continuing education in nursing, but other institutions of higher education are now beginning to make plans for continuing education in nursing at the technical level.

During the past ten years, programs in continuing education in nursing and specific refresher courses have developed in considerable numbers, but usually in an uncoordinated fashion.

John H. Moxley stated:

> Once the health professional is licensed, he or she is free to practice until death without demonstrating the maintenance of continuing skill. Indeed because programs of continuing education and specific refresher courses have developed in an unmonitored fashion, there is no defined avenue by which a health professional may keep abreast of developing knowledge. No one knows, for example, how many continuing education courses are offered, what their quality is, or how many health professionals participate. . . . Universities involved in health professional education should take the responsibility for the development of an organized system of continuing education. The individual could then be required to demonstrate his competence by earning a definite number of continuing education credits in his field or alterantively sitting for an examination.[1]

Universities and colleges are becoming increasingly aware of their responsibility for the continuing education needs of the public and are assuming new roles in education. The term "adult education" is commonly applied to educational courses and programs offered to adults not enrolled for full-time study in formal primary, secondary, or collegiate institutions of learning. Many universities have long operated extension services, the best known of which may be those rendered to the agricultural community on an educative or consultative basis. In urban and suburban areas, the off-campus or on-campus general extension course usually is offered in evening hours for credit and requires formal academic study comparable to that for regular daytime courses.

In recent years many university extension divisions have been renamed divisions or colleges of continuing education and have expanded their objectives in answer to the growing awareness of professional workers that continuing instruction and study are necessary for them to acquire the newly emerging knowledge and skills of their respective fields and to forestall obsolescence. This type of continuing education constitutes a university-based program aimed at development of the personal competency and professional knowledge and skills of the practitioner.

Continuing education in nursing is primarily occupationally oriented, but the continuing education program for an individual nurse may incorporate some liberal education courses. University continuing education is differentiated from inservice education. This differentiation was pointed up in a definition of continuing education developed for public health education:

> [Continuing education is] . . . the organized and planned presentation of appropriate educational experiences at a professional level which are university oriented—not developed directly by the employing agency, but related to its needs and programs—and directed at the exploration of new ideas, trends, developments and the exposure of new dimensions which improve the individual's professional competence and may be expected to exert a broad and long-range effect on the field.[2]

The curriculum in continuing education in nursing may be regarded from two viewpoints. For the institution, the curriculum includes the totality of coordinate offerings designed to develop the knowledge and skills of participating nurse practitioners. For the individual nurse, the curriculum consists in conferences, courses, and related experiences selected voluntarily from available offerings, usually after consultation and counseling from nurse experts involved in the planning of program sequences and in the direction or teaching of one or more of the courses.

It is appropriate that credit be granted for satisfactory completion of continuing education courses in nursing. This credit may not necessarily apply toward any specific degree but could well be used in a system of relicensure requiring evidence of increasing professional competence. Evidence of participation in continuing education has become a factor in the policies of some institutions and agencies for retention and promotion of personnel. This evidence should be available in a form easy to assess.

University schools of nursing and regional medical programs are employing increasing numbers of nurses to function as directors of and staff members in continuing education programs. The majority of these nurses will welcome assistance in preparing themselves to develop sound and effective continuing education programs. This publication is designed to serve as a handbook for nurses assigned to direct or assist in continuing education in nursing. Faculties of schools and colleges or universities, the participants in continuing education courses, professional and community organizations concerned with health services, and the public may also find the book helpful. Members of state boards of nursing will have a particular interest in those sections from which guidelines may be developed for the recognition of sound quality in continuing education for nurse practitioners.

The authors dedicate this book to the belief that a nurse's education never ends; it is a lifelong process. Nurses must continue to extend their horizons if nursing is to achieve its full contribution to human welfare.

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[1] John H. Moxley, "The Predicament in Health Manpower," *American Journal of Nursing*, July, 1968, p. 1488.

[2] "Continuing Education Program," *Procedures and Policy Guide for State Continuing Education Committee Chairmen*. San Francisco: Western Branch, American Public Health Association, 1967, p. 2 (Mimeographed.)

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All of our past experiences, especially those in continuing education programs, have contributed to the development of this book. Therefore, we are indebted to many people who have contributed directly or indirectly to our explorations and programs in continuing education; to our faculty colleagues and other resource people who have shared special knowledge and skills; to the participants who came seeking to learn and willing to share their experiences; and to our families who understood the extra demands placed on our time and energy.

We express our gratitude to the W. K. Kellogg Foundation for its interest and trust in giving the Regional Continuing Education Program a beginning. We especially thank Mildred Tuttle for her support, her warmth and concern, and her wise counsel.

The work of the Continuation Education Seminar would have been impossible without the continued confidence and support of the Western Interstate Commission for Higher Education and the United States Public Health Service. We express our indebtedness to these organizations and to the countless numbers of people in them whose contributions have made the program possible.

To the deans of our respective schools of nursing, we express appreciation for support, encouragement, and freedom to do a job that needed to be done.

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CONTINUING EDUCATION
IN NURSING

CHAPTER I

CONTINUING EDUCATION IN NURSING

Because some readers who open the covers of this book may have reservations about their own need or the need of other practitioners of nursing to engage in educational activities on an on-going basis, the authors have chosen to focus on some factors which profoundly affect the nurse and her practice. Basically, the need for continuing education emerges from the phenomena of change: change in what is known about man and how he functions in health and illness; change in the ways in which people meet the challenge to survive in a dynamic age; and change in the objectives, organization, and financing of health services. Professional roles are altered as society changes and as new knowledge and technologies emerge. The individual who wishes to avoid obsolescence cannot leave to chance his acquisition of new knowledge or his ability to adapt to changing demands. He must meet the challenge of change actively or the world will pass him by. Consider some of the forces at work in today's society which must inevitably affect the practice of nursing.

The Rate of Scientific and Technological Progress

During the past 20 years, the world has made more scientific and technological progress than in all the years of its previous history. Scientific knowledge and its utilization have doubled each ten years for more than a century, and the rate of growth appears to be accelerating. To point out the implications of this dynamic progress for the future of man, James E. Russell gave a graphic example, a condensation of which is presented here:

> Let us consider a young man in his senior year at college, about to graduate. He was born about 20 years ago. Let us take the entire development

> of scientific and technological knowledge as it stood at the time of his birth and call this quantity "X." When our young man was in the fourth grade, the total of X had doubled to 2X. By the time he entered college it was about 3X; and today when he is 20 it is 4X. Three of these X's were discovered in his own lifetime. By the time the young man reaches 30, scientific knowledge and its application will stand at 8X, when he is 40 it will be 16X, and when age 50 arrives, so will 32X. Only three percent of the totality known was contained in the X that existed at the time of his birth.[1]

Any person 50 years old, working in a science field, is in the position of having only 12½ percent of the total knowledge of his field known at the time of his graduation from college, while 87½ percent is of more recent development.

Such facts make continuing education a modern imperative. Even the education of the budding professional can no longer be strongly tied to facts, half of which will have become obsolete by the time he will have reached the age of 30. Education must be future-oriented, geared to the facing of new situations and to the making of new responses appropriate for these situations. New knowledge is emerging rapidly in the physical, biological, behavioral, and medical sciences which constitute the foundation of nursing. Problems in nursing must be solved by rational effort based upon systematic inquiry, rather than by appeals to tradition, heritage, faith, or magic, as has too often been attempted in the past.

Social Change

The only unchanging feature of the contemporary world is that of change itself. John Gardner has said:

> The transformations of technology and the intricacies of modern social organization have given us a society more complex and baffling than ever before. And before us is the prospect of having to guide it through changes more ominous than any we have known. This will require the wisest possible leadership. But it will also require competence on the part of the individual at every level of our society.[2]

If the nursing profession is to respond effectively to the challenge of developing wise leadership and competent practitioners, current social changes must be recognized and future ones foreseen. Among these changes are shifts in the geographical distribution, numbers, and ages of the population; enactment of legislation designed to improve the health care, economic and educational opportunities of the disadvantaged; and development of new patterns of health care. These and other developments have an impact on the present and potential roles of nurses.

The population of the United States has been increasing rapidly, and somewhat sporadically, resulting in a relatively large proportion of the total composed of the elderly, the college-aged and young people, and a relatively small percentage made up of the middle-aged. Recently introduced methods of family planning appear to be reflected in a downward trend in the birthrate. This uneven age distribution in the population affects health care and the need for specialization of health personnel to focus on such areas as the care of the young adult and the aged.

People in this country have been moving increasingly from rural communities to urban areas. Today more than 70 percent of the population is concentrated in urban and suburban areas. Hospitals, doctors, and nurses are in greater supply in these areas also, so that the average citizen has more ready access to health services than was true a generation ago, while those remaining in rural areas must often travel a considerable distance to obtain health care of any kind. When specialized medical services available only in urban centers are needed, the transportation costs may become prohibitive, with the result that no care at all is obtained.

The composition of the American city is changing, with the more affluent segment of the population moving to suburban areas, leaving the central city occupied largely by families whose income is low and among whom unemployment is relatively high. Slum conditions may result, where disease and disability flourish and where educational opportunities are meager. Lack of education perpetuates the problem of unemployment, and, in turn, the problems of poverty.

Legislation and Changing Patterns of Health Care

Increasing public concern for the health and welfare of all the people is reflected in the growing amount of social legislation, much of which has had and will increasingly have a direct effect on the nature and quality of health care available to those formerly unable to afford it. Already Medicare has helped to provide many health services to the elderly, and Medicaid is helping the low-income group to bear the costs of health care. The net result is a substantial increase in demand for health services.

Other legislation providing for research, education, and services to patients with heart disease, cancer, stroke, and related diseases has become operational. Community health services are undergoing improvement due to enabling legislation under the Economic Opportunity and the Community Health Services Acts. The structure of health care in individual states is showing the effects of legislative acts on state and local levels.

Legislation has had a great impact on the education of health personnel and has made possible the accelerated growth of nursing education through the enactment of laws which provide financial assistance both to schools of nursing and to individual students. Educational opportunities for the practitioner of nursing have increased since the Nurse Training Act was extended in 1960 to provide for the funding of short-term courses as well as full-time academic programs. Several government agencies and legislative enactments are concerned with the education of the nurse practitioner. The reader will find further discussion of programs in a later section.

Emerging through the chaos created by increased and shifting demands for health care, innovative methods are being proposed to meet the needs of a changing society. Attention to the "health crises" by the 1967 report of the Health Manpower Commission focuses on the organization of care and the system by which it is provided. The investigators reported that the health care system, far from being an orderly and coordinated complex, "is more of a collection of bits and pieces, with overlapping, duplication, great gaps, high costs and wasted efforts."[3] Hubert S. Coffey, in an unpublished address given at Berkeley, California, expressed the need for change. He said:

> While it is doubtless true that there is something fundamental in man as he exists through the ages, yet every age has its "new" man, a person whose perceptions and language are different from those who have gone before. So the institution and the person who treats the patient must change because the patient who comes for treatment is in some essential ways a "new" patient.

Utilization of current health services is nearly everywhere under reexamination. Obstetrical units have felt the result of lowered birthrates and are being used for gynecological and surgical patients. Pediatric units find that children are not being hospitalized as much as formerly and have opened their doors for the care of adults. Emergency departments are contending with health problems of people not able to find other services open at night or on weekends. Coronary care and intensive care units are springing up in hospitals to use more effectively the specialized skills of personnel and costly technologic adjuncts. Out-patient services are growing as a result of efforts aimed at better use of hospital beds for the acutely ill. Extended care facilities, for those with acute illness who have improved but are not yet ready to go home, are increasing in numbers. Health services are reaching more and more into the community through home health services and community health centers. Community planning is more evidence, with services redistributed and consolidated.

Social problems not usually considered medical in nature are compounding the problems of providing health services. Personal pressures are often expressed in the form of mental or physical disability. Attempts by individuals to alter or expand the mind have increased the number of alcoholics, drug addicts, and drug experimenters needing health services. Health personnel able to assist people to cope with these problems are needed in psychiatric units, general hospital service units, and in other community agencies.

Improvements in transportation and communication have altered the concept of community. A thousand-mile service area is not unusual for major metropolitan health centers. With increased facility in transportation come increased and changed health problems. Communicable diseases have been controlled with increasing effectiveness in the United States, yet tropical diseases once rarely encountered in temperate climates are being carried home by returning soldiers, business men, and world tourists. Coordinated health services are coping with some problems on a world-wide basis. Incomprehensible as yet are the health problems and the services they will require when the world itself will have become a village in the cosmos. Continued change in health service patterns is inevitable as society looks toward the day when universal comprehensive health services become a reality rather than just a dream.

Forces Within the Nursing Profession

There are forces at work within the nursing profession as well as in the larger society which highlight the need for planned programs of continuing education geared to the needs of the practitioner. These forces include the changing functions of the nurse, an increasing trend toward specialization, the relative shortage of nurses, the great variation in the nature and recency of formal education preparation, and the mobility of the nurse population.

In nursing, as in other occupational groups in the United States today, the demand for adequately prepared and highly capable people to fill positions requiring specialized skills far exceeds the supply. Clinical specialists are needed for direct patient care and for teaching and consultative roles to help students and staff nurses reach higher levels of competency. Nurses with research aptitudes and preparation are needed. Nurses in administrative positions need to increase their understanding of the administrative process and to design effective methods of maximizing the contribution of each of the individuals helping to provide nursing services to patients.

Nursing functions requiring a high degree of skill and knowledge are now often performed by registered nurses with widely varying degrees of competence and educational preparation. While each of these nurses has been certified on the basis of state licensing examination as safe to practice nursing, the practitioner may have taken the examination as long as 30, 40, or even 50 years ago. He may or may not have taken additional courses of study since that time, and the probability that his basic education included all the necessary preparation for his present position is remote.

In 1967, 85.3 percent of employed nurses were reported to have had preparation for nursing practice in diploma programs, 1.3 percent in associate degree programs, 10.4 percent in baccalaureate programs, and 2.5 percent in graduate programs granting the master's or doctoral degree.[4]

Despite the fact that the total number of employed nurses is increasing at the rate of about three percent per year, the demand for nursing services is increasing more rapidly, with the result that the supply of nurses lags behind needs farther each year.[5] More than 98 percent of the nurses in this country are women, about two-thirds of whom are married.[6] Like other employed women, they tend to drop out of the work force when their children are young, and to return to employment later. Often they shift between part-time and full-time employment, and they may seek employment in different parts of the country as their families move.

Of 659,000 nurses employed in 1968, 204,700, or fewer than 30 percent were members of the American Nurses' Association.[7] The majority of nurses who are not members of the association, and many who are members, do not regularly attend meetings, workshops, and conferences on nursing sponsored by the professional association. The same group may not consistently read professional journals. It may be assumed, then, that more than 70 percent of practicing nurses may not be pursuing planned programs to increase their competence as practitioners.

Despite the fact that many nurses are merely maintaining the status quo in the midst of rapidly changing nursing and health practices, and are therefore actually losing ground, nurses aware of their need for further study and actively seeking to improve their practice are to be found in encouraging numbers.

Many nurses who recognize their need for additional preparation for the positions they are already holding, or who would like to prepare themselves for other positions, find it difficult or impossible to engage in formal programs of academic study. They may have conflicting family responsibilities or find that they are unable to be released from their jobs for the length of time needed for regular academic programs. While programs of continuing education are not intended to supplant regular courses of academic study, various patterns of continuing education provide opportunities for educational growth compatible with the realities of both the work situation and the home responsibilities of many of these nurses.

The Nurse and Responsibility for Continuing Education

In a world where scientific advances, technologic innovations, and social change are occurring rapidly, and new patterns of health care are emerging, traditional roles of nurses are under close scrutiny, and some must inevitably give way to new roles. If the goal of providing the best possible health care for all people is to be achieved, nurses must become involved in creating new solutions for problems both old and new. They must justify and initiate changes needed for the improvement of nursing care. This must become the responsibility of every nurse.

Deeply disturbing to many nurses are the conflicting pressures to maintain their roles as bedside nurses and to assume more supervisory, administrative, and delegated medical functions; to specialize; and to generalize their practice. Two divergent views of the direction in which nursing is moving may be quoted:

> I see the R.N. becoming either a leader in the hospital structure—as administrator, supervisor, head nurse—or she is going to be a nurse technician in patient care. Her traditional duties would be assumed largely by practical nurses or various aides.[8]

> New concepts will continue to be formulated and find their way into practices. Some of these views are contrary to "procedure centered nursing," in which services are brought to the patients from an assembly line, and nurses are overly engaged in paperwork, while aides care for patients—a condition still too frequently found.[9]

Congruent with changes in health care patterns are changes in the role expectations of all health care personnel. Nurses who wish to help shape their own destiny must be aware of the forces at work which will affect their future roles.

An additional pressure being exerted upon the nurse practitioner is that to acquire further education. In 1967 the Health Manpower Commission recommended that professional societies and state governments should explore the possibility of periodic relicensing of physicians and other health professionals, and that relicensure should be granted upon certification of acceptable performance in continuing education programs or upon the basis of challenge examinations.[10] The continuing education of the professional person, once assumed to be the responsibility of each practitioner, may soon become a public mandate.

The responsibilities of the university for continuing education of the nurse were highlighted in a 1965 address by Jo Eleanor Elliott, then president of the American Nurses' Association, as: (1) to graduate basic and graduate students who have established a pattern of inquiry, the base for continuing their own education; (2) to provide and prepare faculty who see continuing education as a personal responsibility as well as a professional and a university responsibility; and (3) to provide a variety of continuing education opportunities of high quality to nurses in both education and service positions.

Universities and colleges can no longer concern themselves only with preservice and graduate education but must provide continuing education services for the practitioner. For maximum effectiveness, the educational resources of several states may need to be coordinated to fulfill the needs of practitioners actively engaged in their professions who must continually update and expand their knowledge and their skills.

A Philosophy for Continuing Education

The authors believe that the system of higher education which provides the basic preparation for the members of a profession must also provide opportunities for practitioners to keep abreast of advances in their field. Traditionally, formal education has been regarded as terminal, as adequate preparation for life. That this was ever true is open to question, but certainly it is not true today. The person who considers graduation from any formal educational program to be the terminal point of learning is doomed to rapid obsolescence. Learning must be a continuous process throughout the life span, encompassing, but not limited to, formal courses of study.

Studies of the learning process have revealed that the bulk of facts and skills learned by an individual are quickly forgotten if not used, and that facts are more meaningful and more readily learned when there is opportunity for immediate application. The aims and methods of formal education programs are shifting. No longer is the presentation of a set of facts about man and the world about him believed to be the most essential function of the teacher. His task is rather to help the student learn how to learn; how to approach situations with an open, inquiring attitude; how to interpret what he observes; and how to examine the system of values which gives meaning to his life. Fortified by a period of education centered on his need to learn how to learn, the adult can more effectively gather facts, make inferences, take action, and evaluate the effectiveness of his action. He can then use each successive problem as an opportunity to test theories and ideas.

The goal of the health program in a democratic society is the realization of the health potential of each individual throughout an extended life span. Our society is confronted with the problem of amalgamating many cultural groups with the least possible violation of the rights of individuality and privacy. Appropriate health services must be provided with consideration of such factors as youth and age; home care and institutional care; individual, family, and community health services; and care by multidisciplinary teams and by individuals. Health service personnel are faced with problems of communication, coordination, and continuity, while keeping the patient the central focus of care.

Because nursing is based on knowledge of the physical and psychological functioning of man within his environment, expanding knowledge related to man and his dynamic, proliferating fields of operation is of concern to the nursing profession. The continued existence of nursing as a vital social service depends on the ability of nurses to incorporate new knowledge into their daily patient care. The education of the nurse must provide for, and his professional lifetime must be committed to the continued acquisition of knowledge, to extending his professional abilities, to expanding his skill in working with others, and to improving the decision-making skills which he must use daily in the practice of his profession. Regardless of the many changes with which he must deal, for the nurse two factors remain constant: belief in the worth and dignity of the individual, and the elements of compassion, care, and nurture in his professional role.

Current nursing education retains many traditional patterns, but marked modifications are finding their way into the system. While emphasis is ordinarily still on the teaching of a body of content, goals are shifting from emphasis on mere acquisition of knowledge to sharpening of judgment and an increased understanding of ideas and values as they shape personal and social goals.

Continuing education in nursing must be concerned with building upon basic nursing abilities and with challenging the nurse practitioner to develop new dimensions of adjustment to a changing society, while at the same time providing for liberation of the individual for maximum personal growth. The university, having accepted responsibility for the basic education of the professional nurse, must also accept the responsibility of providing educational opportunities which will assist in his continued growth. Effective educational programs in nursing are distinguished by the flexibility of their graduates and the ability of these graduates to contribute to the solution of health problems and to the betterment of society.

Additional elements in the educational philosophy of the authors will emerge throughout the subsequent chapters of this book. The reader is invited to consider the beliefs presented and to develop and define his own philosophy consistent with that of the setting within which he works, and related to the needs to which he addresses himself.

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[1] James E. Russell. *Change and Challenge in American Education*. University of Utah Milton Bennion Memorial Lecture, October 26, 1965, pp. 5-6.

[2] John W. Gardner. *Excellences Can We Be Equal and Excellent Too?* New York: Harper Colophon Books, Harper and Row Publishers, 1966, p. 159.

[3] *Report of the National Health Manpower Commission*, Nov., 1967. Washington: U.S. Government Printing Office, 1967, p. 3.

[4] American Nurses' Association. *Facts About Nursing*. New York: American Nurses' Association, 1968, p. 11.

[5] *Ibid.*, p. 7.

[6] *Ibid.*, p. 21.

[7] *Ibid.*, pp. 7, 68.

[8] Howard J. Brown. *Report to Nurses*. New York: Report to Nurses, Inc., June 1967, pp. 1-2.

[9] Lucile Petry Leone. *Statewide Planning for Nursing Education*. Atlanta, Georgia: Southern Regional Education Board, 1967, pp. 6-10.

[10] *Report of the National Health Manpower Commission*. Vol. 1, Nov., 1967. Washington: U.S. Government Printing Office, 1967, p. 42.

CHAPTER II

ORGANIZATIONAL STRUCTURE AND FUNCTION

In order to view continuing nursing education in perspective, it is necessary to look at its place within the organizational structure of the university. This is a complex task because of marked differences from one institution to another. Focusing on university differences affecting continuing education, on principles for continuing education organization, and on patterns of organization will help to identify the advantages and disadvantages of each type of organizational structure.

Continuing education programs are established within a university in conformity with the philosophy on which that university was established and is maintained. Traditionally, the university has been viewed, and has seen itself, as a community of scholars whose functions were to find and protect truth and to promote learning and intellectual activity. More recently, the idea of responsibility of the university for service to the community has been expanded to include continuing education for the professions. Educators who view the service function as highly important believe that universities have an obligation to do all they can to help solve the critical problems of a changing world.[1] The difference seems to be that of a "community of scholars" isolated from the immediate problems of the larger community, as opposed to a university the boundaries of which are the larger community.

University Differences in Organizational Structure

The relative importance attached by the university to research, education, and service functions has an important effect on the way continuing education fits into the organization and on the types of programs developed. For example, programs within research-oriented institutions may tend to have strong emphasis on research findings as content and on a scientific approach to evaluation of courses. Faculty within education-oriented institutions may have strong commitment to the offering of courses which they view as education at a university level, while service-oriented programs tend to be established according to expressed needs of the community. However, such clearcut distinctions as these rarely occur within a given institution. Each university continuing education program is unique, and a part of this uniqueness is due to the particular configuration of faculty commitment to the functions of the university.

Another difference among universities is in the centralization or decentralization of the continuing education program. Pure decentralization would mean that faculty of an academic department would initiate, plan, implement, and evaluate its own program of continuing education. Pure centralization would exist if a separate department or extension division were responsible for the continuing education program of the entire university. Burch[2] outlined arguments for both centralized and decentralized operation. For decentralization, characterized by programming within each academic department, it was pointed out that faculty involved in consultation and surveys with the public interested in their subject field were most knowledgeable about the needs for continuing education. Proponents of centralization, with provision of programs from a separate department or extension division, argue that decentralization fragments the university, increases costs by duplication of administration, and does not provide programs designed to meet the unique needs and interests of adults.

The situation in a given university is more likely to be a combination of the two rather than purely centralized or decentralized organization. Ideas for programs may be initiated in an academic department but be implemented by a central continuing education division. On the other hand, program ideas may be channeled through a continuing education department but implemented by an academic department, or the ideas may come from both groups in collaboration.

The organization of continuing education within a university is affected by the financial support provided for the program. In some institutions, continuing education must be entirely self-supporting; in others, administrative staff members are paid from the university budget. The degree of university fiscal support is a strong determining factor in the type of program that can be offered. It appears evident that a self-sustaining program will be limited to offerings that are fairly certain to draw large numbers of registrants, and that innovative programs which may result in financial losses will be curtailed.

Assignment of faculty for continuing education is another variant in organizational relationships within the university. Faculty may be assigned to continuing education as a regular part of the normal teaching load, faculty may teach on an "overload" basis, faculty may be employed specifically for continuing education, or nonuniversity faculty may be hired on a contract basis to teach specific courses.

Principles of Continuing Education Organization

In developing an organizational structure for continuing education in nursing, certain principles should be recognized. First, provision for school of nursing faculty involvement in planning and teaching the continuing education courses tends to maintain high educational standards for the program. However, the provision of administrative services within the school of nursing may involve duplication of services provided for other departments and thus may increase the overall expense of the program. It would appear that some structure which centralizes some of the administrative services and decentralizes the educational aspects would be a desirable arrangement. A second principle is that an adequate staff is essential to planning, implementing, and evaluating a program which is based on learning needs and which has an impact on the quality of nursing care provided. A token staff, inadequate to do long-range planning and to evaluate program effectiveness, can do little more than meet the most obvious crisis needs for continuing education. An adequate staff implies that strong fiscal support is available.

Recognition of continuing education as a legitimate educational function of the university on a par with other educational functions is essential to a strong comprehensive program.

Phases of program-planning which are ultimately the responsibility of the director or chairman of continuing education in nursing are: (1) determination of learning needs of the nurse population; (2) development and implementation of a program to meet these needs; and (3) evaluation of the results. In order to accomplish these phases most effectively, certain staff services are required. These should include advisory, secretarial, administrative, and other supportive services.

Secretarial and administrative staff should be available with sufficient talents and in sufficient numbers to implement the planned program. In some instances an available centralized secretarial service may be all that is required. However, with the increasing recognition of the critical need for continuing education, it is likely that, as the program grows, more secretarial and administrative staff will be needed. Additional supportive services may be required periodically. These services may be in such areas as assistance with research, publicity, questionnaires, evaluative tools, data analysis, and computer programming.

An advisory committee, helpful in the development of the program, should include the following: (1) faculty members from a variety of areas of nursing practice; (2) directors of hospital nursing services; (3) representatives from the state nurses association and the league for nursing; (4) representatives from the state licensing authority, the health department, and voluntary health agencies; (5) extended care facilities; (6) the hospital association; (7) medical and allied health professions; (8) the regional medical program; and (9) other agencies involved in the delivery of health care in the community. Each of the individuals on the advisory committee will be in contact with a different segment of the population and will also have personal vested interest. The information gathered from such a group may indicate need for educational programs quite different in nature and broader in scope than those requested by individual nurse practitioners. In addition to providing information about the kinds of programs that are needed, the committee may serve as a liaison between the school of nursing and the health community and fulfill a communication and public relations function for the university.

The role and function of the advisory committee should be reassessed periodically to avoid its coming to function in name only. A committee, the responsibility of which is defined as advisement for broad and long-range planning, should have the necessary staff and opportunities for accomplishing such planning. Relatively long-term appointments with rotating membership may provide for a balance between continuity in planning and the introduction of persons with new ideas and concerns.

A committee which functions primarily to advise on specific programs rather than being involved in long-range planning, may serve best if an ad hoc committee is used for each individual program. Consideration may then be given to the particular mix of talents and people who can best advise for each specific program.

Patterns of Organization

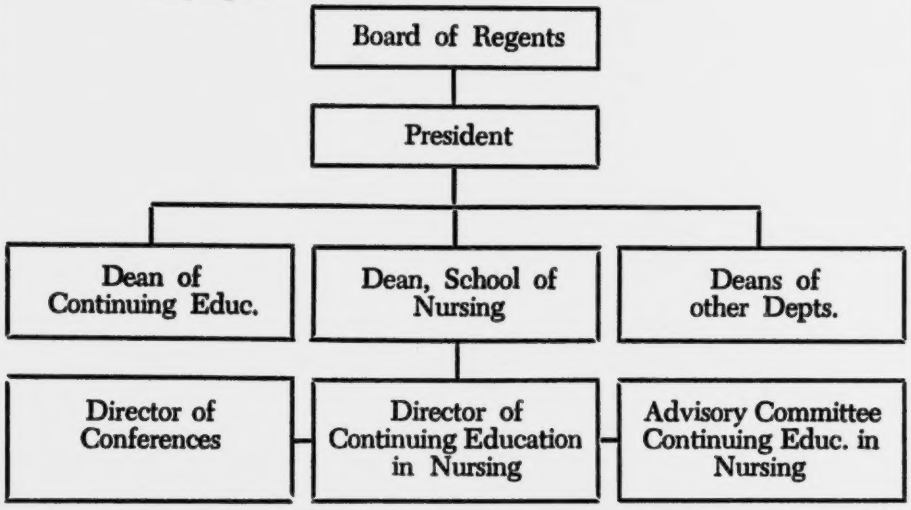
As previously stated, patterns of organization for continuing education vary. Throughout this discussion, representative titles are used. Though titles vary from one institution to another, they often help to show formal relationships and responsibilities implied by the organization framework. In Pattern A, shown in Figure 1, the continuing education function is invested in a dean of continuing education directly responsible to the president of the university. Programming of professional courses in nursing is a joint responsibility of a director of conferences, responsible to the dean of continuing education, and a faculty member of the school of nursing, jointly appointed to continuing education and the nursing department.

The formal channels of communication indicated in Figure 1 make possible the optimal use of the nursing faculty to explore the needs for continuing education, to set priorities, to plan courses, and to teach them. University faculty may be assigned to continuing education in nursing as a part of the regular teaching load or on extra compensation basis. The opportunity for faculty involvement is highly desirable, and of added importance is the provision of an advisory committee at the operational level.

Coordination of the program through the director of conferences makes possible the efficient use of resources through avoiding duplication of administrative staff and specialists.

Figure 1
Organizational Pattern A

Organizational chart of continuing education in nursing showing joint responsibility for the continuing education program.


Board of Regents
President
Dean of Continuing Educ.
Dean, School of Nursing
Deans of other Depts.
Director of Conferences
Director of Continuing Education in Nursing
Advisory Committee Continuing Educ. in Nursing

An organizational structure of the type shown in Figure 1 provides opportunity for nursing faculty involvement in academic continuing education activities.

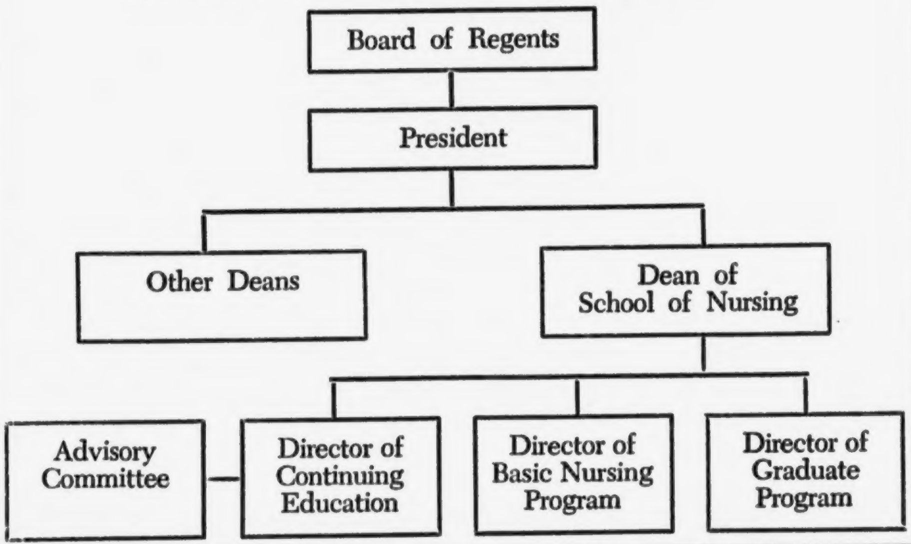
Some specialists helpful to faculty members planning or conducting a continuing education program are experts in adult learning, in tests and measurements, in research development, data analysis, computer programming, and conference mechanics. The number and types of specialists available in a given university will depend on the overall commitment of the university to continuing education.

In another organizational pattern, the continuing education function in nursing is centralized within the school of nursing. As may be seen in Organizational Pattern B, Figure 2, continuing education in nursing is recognized as an integral part of the school, on a par with basic and graduate education.

This type of organizational structure provides for nursing faculty involvement in continuing education. University faculty may be employed specifically for continuing education, or nonuniversity faculty may be employed to teach individual courses. The placement of continuing education on a par with basic and graduate programs leads to the assumption that there is strong university commitment to continuing education. Strong fiscal support of staff salaries is probable.

FIGURE 2
ORGANIZATIONAL PATTERN B

Organizational chart of continuing education in nursing showing decentralized responsibility for the continuing education program at a departmental level.


Board of Regents
President
Other Deans
Dean of School of Nursing
Advisory Committee
Director of Continuing Education
Director of Basic Nursing Program
Director of Graduate Program

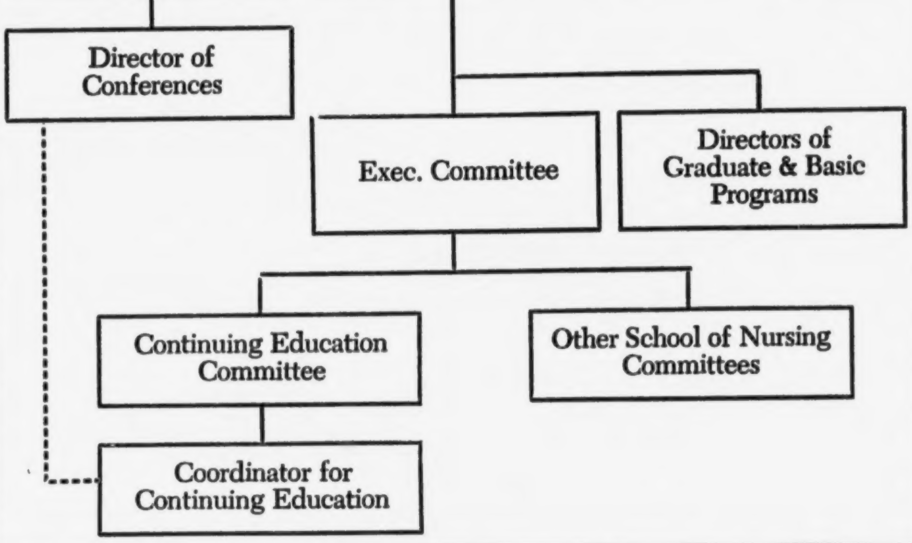
A potential problem area with this type of structure is the possible duplication, and, thereby, inefficient use of services. This problem can be avoided by coordination with other departments for some of the specialized services.

A third organizational type, illustrated by Organizational Pattern C, Figure 3, places the continuing education function as a committee responsibility. The committee, composed of both academic and clinical faculty, is responsible for planning the overall program. Implementation is the responsibility of a coordinator of continuing education in nursing, with administrative assistance from the office of the director of conferences.

The advantages of both centralized and decentralized responsibility are present in this type of organizational structure. School of nursing faculty are involved in planning of programs, and duplication in administration is avoided. The committee provides for relatively large numbers of faculty to be informed and directly involved in continuing education in nursing.

FIGURE 3
ORGANIZATIONAL PATTERN C

Organizational chart for continuing education in nursing showing joint responsibility for the continuing education program on a committee level.

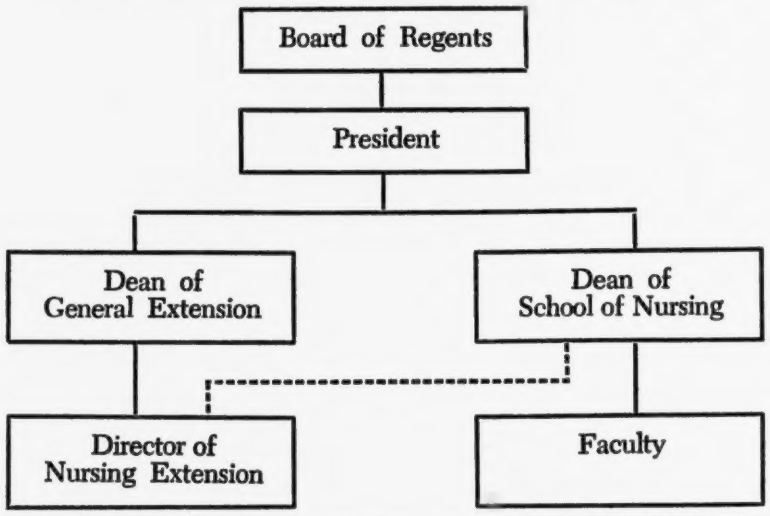

Board of Regents
President
Dean of Continuing Education
Dean of School of Nursing
Other Dean
Director of Conferences
Exec. Committee
Directors of Graduate & Basic Programs
Continuing Education Committee
Other School of Nursing Committees
Coordinator for Continuing Education

The primary disadvantage of this type of structure is that a committee does not have authority commensurate with the amount of responsibility necessary for a comprehensive program such as is needed for continuing education today.

A fourth organizational type, illustrated in Organizational Pattern D, Figure 4, centralizes the continuing education responsibility for nursing under a general extension division. Nursing faculty members may be employed separately for continuing education and may or may not maintain a close working relationship with the school of nursing. Ideally, a close liaison with the regular school of nursing faculty would provide the advantages of a decentralized structure, while maintaining the advantages of a centralized one.

Figure 4
Organizational Pattern D

Organizational chart showing centralized responsibilities for the continuing education program in nursing.


Board of Regents
President
Dean of General Extension
Dean of School of Nursing
Director of Nursing Extension
Faculty

Regional and Statewide Planning

Provision of a comprehensive curriculum by a single college or university is a difficult task. Programs which are highly important may be impractical because of the small number of potential participants. In addition, the large number of needed programs may require more staff planning and implementation than a single institution is able to provide. To achieve optimal coordination for a balanced curriculum in continuing education in nursing, some kind of regional or statewide planning is necessary.

Patterns of joint planning depend in part on the individual situation. Universities within a city or state may utilize a common advisory committee, or directors of continuing education may communicate to avoid duplication and to assure collaboration and coordination. The establishment of a citywide, statewide, or regional planning group should provide for an orderly development of a balanced curriculum based on needs and resources within the area served.

The administration and sponsorship of the planning group may vary with the situation. It may be most appropriate for the university to sponsor the planning, or the state nurses association may be the most logical group to perform this function. Nursing departments within Regional Medical Programs are strategically placed for catalyzing new cooperative arrangements between educational institutions.

Functions of Continuing Education

The primary function of a continuing education program in nursing is education of the practicing nurse so that the ever-changing and developing health needs and expectations of the public will be met. However, continuing education on the university level also makes a unique contribution in the areas of research and community service.

Continuing education serves a recruitment function for the full-time university programs. Often nurses enrolled in continuing education are stimulated by the course and recognize gaps in their knowledge. Sometimes nurses enroll in continuing education courses to test their ability to do formal academic study.

Continuing education offerings on the university level may become the testing ground for the content of formal education courses. Innovative educational processes are often tried out first in continuing education programs. Successful methods are later adopted for use in the formal academic courses.

Enhancement of the image of a university is a by-product of a dynamic continuing education program. The contact between the academician and the community can serve to improve communication between the university and its public. This factor makes it imperative that the faculty for continuing education be carefully chosen for their ability to work with the public, as well as for their other competencies. The participant becomes an ambassador for the university in the community because as a citizen he has a voice in shaping educational policies and practices. There is a reciprocal effect on the university faculty members who are involved in teaching continuing education offerings. They gain understanding of and respect for the competencies of the practitioners of nursing and have a more realistic approach to the problems encountered in nursing service.

Individual schools of nursing offering continuing education programs, and regional and national groupings of such schools, need to develop and formulate educational policies which will promote the achievement of the purposes of continuing education. Among these policies will be those relating to admission of participants, to the level and numbering of courses offered, to grades (if any), to teaching and consultation loads, and other practices usually governed by educational and administrative policies. If nurse educators are well advanced in the development of policies in the area of continuing education, they are more likely to be able to defend their recommendations and to influence favorably the policies of the university affecting continuing education.

Some well-established university policies have helped to insure the quality of continuing education. All persons teaching in these courses must meet the same educational requirements as other university faculty members. Faculty members in continuing education programs have an obligation to maintain academic standards and to support university educational policies. The courses taught must meet the same high standards as those of other university offerings.

Universities throughout the United States vary widely in the recognition they give to continuing education courses, particularly regarding assignment of credit. In some institutions such courses carry no credit of any kind, no examinations are expected, and no grades established or recorded. Such a policy permits the greatest possible flexibility in the planning and implementation of courses but provides no recorded evidence of accomplishment and growth on the part of participants. Other colleges and universities may grant credit in university extension and (1) recognize such credit as equivalent to regular resident credit, (2) limit the application of extension or continuing education credit toward an academic degree, or (3) exclude such credit entirely from application toward a degree.

The authors of this book support the general principle that course work in continuing education provided by colleges and universities should be offered in a form such that participants may take courses for credit. This leaves to the university or college the decision as to the application of such credit toward degrees. Other institutions, agencies, and official groups, such as licensing departments, merit systems, and tenure and promotion committees, would be free to make such use of continuing education credit information submitted by participants as might serve their purposes.

If credit is granted for continuing education, participants may be required to meet the university's admission standards, in addition to meeting the admission criteria dictated by the nature of the course being offered. The granting of credit requires careful recording of levels of achievement of those enrolled. Grades may or may not be assigned, depending upon the policy of the university.

With the increasing emphasis on continuing education of professional workers in all fields, it is safe to predict that university and public attitudes toward continuing education courses will change in the direction of greater recognition. With increased recognition, greater administrative control is likely. It is important that this control shall not impair the flexbility of programs nor cause nursing educators and nurse participants to lose sight of the major purposes of continuing education in nursing. It is important to keep in mind that these purposes differ in some essential respects from those of preservice nursing education and from those of graduate education.

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[1] Glen Burch, "Challenge to the University," *Center for the Study of Liberal Education for Adults.* Boston, Mass.: Boston University.

[2] *Ibid.*, p. 33.

CHAPTER III

DEVELOPING THE CURRICULUM

For many years educators have accepted the premise that a basic program of general or professional education must have a thoughtfully planned total curriculum governed by objectives which are based on the characteristics desired in the graduates of the program. The authors believe that a similar approach is desirable for continuing education in nursing. The expanding body of nursing knowledge and the increasing range of functions in nursing make it necessary that thoughtful planning and organizing be done in order that a single practitioner may focus her learning on the knowledge, skills, and attitudes needed for her own set of responsibilities. Within the past decade nurse educators have begun to develop a distinct philosophy of continuing education in nursing, a relatively unified body of general objectives, and a concept of curriculum-planning comparable to that of basic and graduate program-planning.

A curricular approach to planning assumes that the program offered is consistent with the learning needs of individual practitioners. In order to have such consistency, programs must be broad in scope and varied in content. A curriculum in continuing education includes the totality of coordinate offerings designed to develop knowledge and skills and to promote attitudinal changes. A unified curricular approach to the development of continuing education in nursing should provide interrelated sequences of courses from which practitioners can select programs for their own learning needs. A program of continuing education includes specific courses and conferences offered as part of the curriculum.

Courses are needed to meet a variety of demands. For example, some programs of a general nursing nature are offered to bring together nurses with diverse interests from hospitals, both large and small, from public health agencies, schools of nursing, nursing organizations, and public and private health organizations. Other programs are offered for nurses in specific clinical areas, for teachers, and for nurses in supervision and administration.

As an example, the courses listed below were offered by one university over a nine-month period of time. These courses ranged in difficulty from those planned to meet the needs of nurses in beginning positions to those for experienced nurses seeking new knowledge to update their practice.

GENERAL NURSING INTERESTS

Sensitivity Training
    Group A
    Group B
    Group C

Writing for Publication

Beyond the Melting Pot: Black-White Confrontation

International Conference for Nurses

Team Nursing

Group Dynamics

Intergroup Relations and Group Process

FOR CLINICAL PRACTITIONERS

Nursing in Mental Retardation

Nursing Challenge

Basic Psychiatric Nursing

Patho-Physiological Concepts in Nursing Care

Conflicts of Adolescence

Concepts of Illness

Advanced Psychiatric Nursing
    One-to-one
    Group Psychotherapy
    Family Therapy
    Community Mental Health

Professional and Contemporary Youth Scene

Physiological Concepts in Nursing Care

Concepts in Human Illness
  Phase I
  Phase II

Concepts of Illness

Neurological and Neurosurgical Nursing

Gerontology and Care of the Older Adult

Counseling for School Nurses

Nursing in School Health Programs

Application of Psychiatric Nursing Principles

Maternal-Child Nursing

Physical and Emotional Care of the Emotionally Disturbed Child

FOR NURSING TEACHERS

Administrative Decision-making in New Associate Degree Programs

Integrating Psychiatric Nursing Principles

Teaching Psychiatric Nursing Concepts

Toward Differentiation of Associate and Baccalaureate Education in Nursing

Innovations in Baccalaureate Curriculum Development

Training Program for Teachers of Psychiatric Technicians

Teaching Strategies

The Student in Higher Education

Program for Inservice Educators

Seminars in Nursing Leadership

SUPERVISORS AND ADMINISTRATORS

Seminars in Nursing Leadership

Supervision of Nonprofessional Nursing Assistants

Leadership Program in Expectant Parent Group Education

Supervision and the New Graduate

Administrative Decisions in New Associate Degree Programs

Toward Differentiation of Associate and Baccalaureate Education in Nursing

Supervision as a Process

Building the Hospital Team

A continuing education curriculum should provide for balance in relationship to clinical nursing practice, to functional areas, and to urgency of need. Clinical nursing practice is assuming a progressively greater place in the continuing education curriculum. Learning needs vary from one clinical area to another and from one geographical area to another so that the broad spectrum of clinical situations must be examined periodically to establish priorities for program offerings. Courses offered in the general areas in nursing should be planned as well as highly specific ones, such as the care of the acutely ill coronary patient.

In addition to a wide range of clinical nursing programs, opportunities should be provided for learning in relation to the functional areas of management, teaching, and research. A balanced curriculum should include experiences leading to professional development, to improvement of human relations, to more productive interdisciplinary relationships, and to understanding and application of sciences basic to nursing practice.

Another area in which balance should be provided is in relation to urgency of need. If objective planning with an eye to future nursing needs is absent, the curriculum is likely to deal with crisis areas only. While crisis needs should be met, future crises may be avoided by preparing nurses today to deal with tomorrow's problems.

In order to determine the balance and sequence of courses to be included in the program, the learning needs to be met must be assessed, information about the nurse population carefully studied, and appropriate learning theory identified. Development of the overall objectives to be achieved gives the curriculum its focus and serves as the basis for establishing priorities, as a check for curriculum balance, and as a broad base from which specific course objectives may be developed. The course objectives point toward identification of content and learning activities and provide guidelines for course evaluation.

Assessing the Need for Courses

The evolving role of the director of continuing education is relatively new and expanding rapidly in colleges and universities which have accepted continuing education as one of their major functions. Underlying the specific responsibilities for continuing education is a realization of the importance of early recognition of change and prompt expression and communication of knowledge, particularly in the areas of science and technology. Knowledge of the current health situation and sound information about the prevailing direction of social and educational changes are essential to anyone planning a program in continuing education.

One of the first tasks to which the director of continuing education in nursing, his staff, and his advisory committee must address themselves is an assessment of the need for specific educational programs for nurses in the community served. Since adult learners enter educational programs voluntarily, selecting programs on the basis of an interest or a felt need, it is essential that the potential learners be given an opportunity to indicate what kinds of content and courses of study they wish to have. It is equally true that there may be need for educational programs not often requested by nurse practitioners. Therefore, educators must approach the problem of assessment of learning needs from two different angles: first, by surveying the wishes of the nurse population, and second, by keeping informed about current and anticipated problems and changes with which nurses must deal.

In planning a single program, consideration must be given to the area from which it will draw participants. Ideally, a program should be as close to its potential clientele as possible. Offerings may be indicated within local communities, within a state, or within larger regions. In any case, joint planning and communication are essential so that a comprehensive curriculum results. Each practitioner should be able to select, within a reasonable time span and at a reasonable distance from his place of employment, programs which are in a logical sequence and which meet his learning needs.

Surveying the Expressed Needs of Potential Participants

Numerous methods of discovering the educational interests and needs of nurses have been used. Among them are interviews, questionnaires, check lists, specific requests made by nurses in the community, consultation with an advisory committee, and contact with participants in ongoing educational programs. To be attuned to changing needs and interests, it is necessary for the educator to employ a variety of procedures. During the initial phase of planning, interviews and questionnaires may be particularly useful. Selected nurses in diverse positions and settings may be interviewed, and the topics suggested by them used to form the core of a check list or questionnaire to be circulated to a larger population.

The questionnaire incorporating a check list which includes a wide range of possible course topics has a number of advantages. A large amount of information can be obtained from many potential participants. This information can readily be transferred to IBM cards for computerized frequency counts and correlation studies. The data thus obtained may give strong impetus to the development of courses dealing with frequently chosen topics.

The responses to a questionnaire may also give indirect clues to the need for educational programs. The data from one such survey showed the interest of nurses in courses dealing with the care of the chronically ill and the aged to be very low, while other information indicated that the nursing care of such patients in the community left much to be desired. Thus it became apparent that leaders needed to find or invent ways of making the care of these patients more satisfying and challenging to nurses.

Helpful as a questionnaire may be as a starting point, a word of caution must be given. A good questionnaire used to sample a large population is costly in terms of both time and money, and it is useful only if the data it produces are carefully studied. It must be realized that the data provided are static, indicating the interests of respondents at only one point in time. Their needs and interests may change rapidly as the demands of their specific jobs change and as the nursing profession evolves in a dynamic social milieu. Therefore, it is essential to develop continuing means of surveying educational needs.

Once a continuing education course is in operation, the director will find the participants and staff a rich source of ideas and suggestions for additional learning experiences in which they would like to become involved. The participants may be asked simply to list areas of content or experiences they would like to pursue, or they may be asked to outline work-related problems with which they think they need help.

Staff members who have been working closely with participants throughout the course will have first-hand knowledge of problems with which nurses are struggling. They can make a valuable contribution to the planning of future educational programs both through their evaluation of the completed course and through their suggestions for the development of new courses.

When nurses in the community come to realize that educational resources are available to them for programs outside the established curriculum for students enrolled in formal courses of study, the director of continuing education will begin to receive spontaneous requests for programs from individuals or groups of nurses.

Thus, it is evident that the total nurse population of the community, a well-chosen advisory committee, the continuing education program staff, and the participants in specific educational programs all contribute to the director's knowledge about the educational interests and needs of the nurse public. Despite the fact that these sources of information provide a great deal of data and may possibly stimulate the launching of an impressive array of programs, there are additional sources of information which must be tapped, and these require effort and good judgment on the part of the director, his staff, and his advisers.

Educational programs planned only in response to expressions of interest and needs by nurses may prove to be somewhat limited in scope and remedial in nature, dealing with problems that are already deeply entrenched in the established system and difficult of solution. Such educational offerings may be too little and too late both to meet present needs and to forestall future problems. Ideally, the director of continuing education should be given enough freedom and latitude in his position to be detached at frequent intervals from the immediate problems and pressures of the job to explore and consider the total nursing situation with a degree of objectivity not available to most of those deeply involved. It is incumbent upon him to be sensitive to forces in his community and in society at large which will produce changes in the delivery of health care and the roles nurses must assume. He must also be creative in the measures he proposes to cope with the changes he sees and foresees.

This is a large order, and one which the director cannot carry out unassisted. The continuing education advisory committee and the school of nursing faculty may provide a great deal of assistance here, as well as in outlining present needs for educational programs. The chief difference is that meetings for the purpose of dealing with foreseen changes will be future-oriented and may take the form of brain-storming sessions, producing educated guesses as well as clear predictions about future directions in which movement will occur. Such forecasting is necessarily subject to error, but must be included in the planning of continuing education for nurses if such educational programs are to become more than repair jobs.

The accuracy of the educator's predictions will be directly related to his knowledge of the current literature in journals dealing with nursing service, education, and research; publications devoted to the behavioral sciences and to new developments in medical practice; reports of innovations in hospital and community health services; and other publications dealing with health care. Public sentiment reported in nonprofessional magazines may prove informative as well.

It is essential that the director keep himself informed of legislative activity which may profoundly affect both the nature of health care provided and the patterns it will assume. Federal and state legislation initiating Medicare and Medicaid, for example, has made more care available to persons who were formerly financially unable to obtain it. This legislation has also stimulated the growth of extended care facilities and home care programs where they were previously nonexistent or in short supply. As a consequence, the general hospital is increasingly becoming a center for the short-term care of the acutely ill.

Legislation providing for the establishment of regional medical programs concerned with heart disease, cancer, stroke, and allied diseases has led to the rapid development of coronary care units in hospitals across the country. Other effects of increasing concern for health and health care programs are expected to continue to multiply in the years ahead.

All of these developments have implications for nursing. Nurses are required to work in unfamiliar settings, with equipment and techniques that are strange to them, must assume new roles, and base their practice on new knowledge. The more accurately changes can be predicted, the more effectively nurses can be prepared to function well and comfortably enough to direct their attention and energies primarily to patients rather than to the unfamiliar aspects of the situations in which they find themselves.

Plans for appropriate courses of study can be made once the interests and needs of nurses in the community are known. Because only a limited number of educational programs can be offered at any one time, it will be helpful to pose a number of questions. How urgent is the need for the proposed course? Of all possible courses, is it one of the most essential at this time? Will it have long-range value as well as meet an immediate need? Are instructional personnel and facilities available? Is it financially feasible?

Answers to these questions will help to establish priorities in terms of need, and at the same time keep planning anchored to reality. These answers may also stimulate search for extramural funds in support of programs which could not otherwise be offered.

Characteristics of the Continuing Education Population

Recognition of the characteristics of the nurse population is an important factor in curriculum development for continuing education in nursing. For a given university or college it will be helpful to decide upon reasonable geographic boundaries for which it assumes responsibility or from which its programs will draw participants. Study of basic factors such as nurse distribution, educational and experience backgrounds, age, family and job responsibilities within the defined boundaries should be considered in establishing a program of continuing education. Identification of the participant characteristics which enhance learning and those which serve as barriers to learning will be useful to the teaching-learning process. With this information in mind, the teacher can plan activities which support the learners and assist them to overcome resistance to learning.

Marked individual differences exist among the members of any continuing education course. Ethnic origins, ages, educational attainment, and work experience must be considered in selecting the most promising teaching approaches. Often the subject matter and its relationship to nursing appear to be the only homogeneous factor that binds the class together. Diversity influences the entire educational process, including the concept of appraisal. Participants are in a very real sense in competition only with themselves. Their realization of this factor enhances their willingness to participate actively in learning activities.

The learners in continuing education in nursing are usually women between 20 and 60, with the largest number around 40 years of age. Nurses in this age group are most often graduates of diploma schools of nursing and had much of their educational experience by the lecture method. Consequently they approach unfamiliar learning methods requiring active participation with the initial insecurity common to all who face the unknown.

Each participant brings a reservoir of knowledge and experience from his own life which can enrich and illuminate the subject matter. However, the experiences of living and of working can also create negative values in that some attitudes and patterns of thinking are antagonistic to the learning and change process. Some things may have to be unlearned.

Even though the learners may wish to be involved in active participation, there are some deterrents that may hamper such involvement. They often identify the educational process with the insecurity of not knowing, and they are acutely sensitive to failure. Threats to their status as self-sufficient adults stir up anxiety. They often attend educational programs on marginal time. As a result, they may at times have their attention diverted from the learning situation.

Motivation is probably the greatest single factor in the learning process. Participants in continuing education seek knowledge for which they have immediate use. Their primary motive is usually to improve their own capabilities in order to make improvement in patient care in the setting in which they work. A challenging fact in all continuing education is that participants come and remain in the program on their own volition. They present a wide range of knowledge and skill and a wealth of experience in living and professional practice. In a very substantial degree, participants serve as resources to each other.

The Teaching-Learning Process

The authors of this book view teaching-learning as a dynamic process which involves both the teacher and the learner, and through which change in individuals and their behavior occurs. Because the teachers and learners are themselves participants in the teaching-learning process, their motivations, perceptions, emotions, and attitudes are important factors in determining the extent to which the needed involvement will occur.

Participants in continuing education programs learn by actively experiencing such processes as inquiring, analyzing, synthesizing, and generalizing. Closely interlinked in the learning process are cognitive and emotional as well as interpersonal elements. The cognitive element involves comprehension of facts, laws, theories, hypotheses, and generalizations, while the emotional element gives recognition to the attitudinal changes required in learning.

An important component in the learning cycle is the first attitude change. In order to become involved, the learner may need a fundamental attitude change toward the learning process itself. The nature of learning as a dynamic process requires that participants understand themselves, their beliefs about, and their capacity for learning. It is helpful if they understand the teacher's perceptions, beliefs, and expectations, since these also are part of the interaction.

The attitude change most conducive to learning is toward an increase in the spirit of inquiry with which the learner faces any dilemma. The learner confronts a dilemma with questions. What meaning can I make of this? What factors need consideration? What information is available? What additional information is needed? How can I organize the information to define the problem or problems inherent in the situation?

The inquiry process continues with speculation. All possible answers apparent to the learners are explored, and again the learners raise questions. How can I validate the speculations? Are some more logical than others? What is the next step in approaching a solution to the dilemma?

The learner then tries a selected approach and evaluates the results. Thus, the cycle of inquiry is a series of learning steps which are interdependent and maintained in a dynamic process. This approach to teaching and learning requires a structuring of the methods of approaching problems, looking for the similarities and differences of behaviors, recognizing constructive patterns of behavior, searching for and trying out possible solutions, and evaluating outcomes.

The major premise in use in inquiry as a learning process is that current health care crises must be faced by health professionals as dilemmas requiring change. Too many nurses appear to believe that administrative and other policies and procedures are rituals that cannot be stretched or changed or challenged. These nurses do not see their role as initiators, change-agents, teachers, or leaders. One goal of continuing education is to encourage nurses to develop capacity for careful inquiry and for independent thought and action.

Teachers in continuing education are viewed primarily as the facilitators of learning and as such encourage participants to assume responsibility for their own learning. According to Carl Rogers, anything which can be "taught" is relatively inconsequential. It will have little significant influence on ultimate behavior. The only kind of learning which significantly influences behavior is self-discovered or self-appropriated learning —truth that has been personally appropriated and assimilated.[1] Teachers maximize skills, experiences, knowledge, and motivations from which the learners can continue to change and build values, attitudes, and judgments. Teachers assist participants to discover meaningful relationships and interconnections of ideas, and to develop generalizations. They transmit to the learners an enthusiasm for learning, an excitement to be gained from pursuing the unknown; perspectives not likely to be derived from reading only. Teachers bring skill and sensitivity in human relations to the teaching-learning process through awareness of their own needs and motivations and their effect upon the learners and the learning process.

Since the effect of the group on learning is significant, many learning situations in continuing education are group situations. Both the interactions among participants and between them and the teacher are important factors in learning. Teachers make possible the exchange and extension of ideas from participant to participant by fostering free and open communication. The essence of learning is partially missed if either the participants or the teacher do not come to terms with the emotional flow, the tensions, the excitement, the anxiety, and the discovery which are so much a part of learning.

The teacher minimizes barriers between participants by placing them in situations where they can communicate more easily, by giving them opportunities to work toward common goals, by allowing them to work on problems that are of direct concern to them, and by encouraging them to take responsibility for their own learning and act as resources to one another. Active participation makes the learning more viable, and more relevant.

To foster more participation, the teacher attempts to create a climate in which learners feel free to express independence and individuality, and in which they are willing to acknowledge their shortcomings without loss of self-respect or feelings of rejection. Teachers convey to participants belief that differences in perspective and approach are good and desirable, and that they are willing to test with the participant a new idea or a different way of doing something.

Continuity, sequence, and integration of learning experiences are basic to continuing education and require the careful organization of ideas and concepts contributing to the development of intellectual skills. Continuity and sequence in learning experiences make possible greater precision in problem analysis, wider amplification of concepts in new contexts, clearer interpretation of relationships, and greater ability to make generalizations. Provision of a variety of activities enhances the learner's ability to integrate the learning with his own frame of reference.

Leypoldt summarized eight principles in the teaching of adults to which the authors subscribe:

> The teaching-learning process is dynamic, interactive, and cooperative.
>
> Persons are more important than the information to be learned or the technique to be used.
>
> Each person participating in the teaching-learning situation has a responsibility for its success or failure.
>
> The procedures to follow must be determined by the goals set by the learners.
>
> Significant learning takes place when goals have cognitive, effective, and motoric aspects.
>
> Interpersonal relationships between the learner and the teacher must progress from the supportive climate to the direct challenge.
>
> Evaluation should be a constant process in the teaching-learning situation.
>
> Significant learning takes place in an appropriate climate of interpersonal relationships between learners.[2]

Determining Curriculum Goals and Objectives

The philosophy and objectives of the parent institution and of the school of nursing offering a curriculum in continuing education in nursing determines in large part the philosophy of the continuing education department and the nature of the goals and objectives of the continuing education curriculum. The goals, or ideal attainments desired for the curriculum, should be clearly stated and periodically re-examined to assure their consistency with institutional philosophies and to enhance the contribution the curriculum makes to society and to nursing. This type of scrutiny is just as important for the continuing education curriculum as it is for other curricula in nursing. As this effort is strengthened, the department of continuing education will increasingly move in the direction of meeting the needs of society.

General or broad curriculum objectives are statements of behavioral change necessary to move toward the goals of the curriculum. General objectives are used to identify the types of programs, courses or conferences considered necessary and the priorities to be established. They serve as a basis for evaluation of the entire continuing education curriculum.

Specific objectives for each offering serve as major criteria for selection of course content, learning experiences, and evaluation. It is necessary to screen content for appropriateness to the objectives if programs are to be meaningful and usable, and if they are to hold the interest of nurses seeking continuing learning. The evaluation of the outcomes of continuing education programs is an integral part of curriculum development. The outcomes can only be measured when the objectives of the curriculum have been stated in terms of measurable change in behavior of the learner.

Development of the objectives for the curriculum is ultimately the responsibility of the director of continuing education. Objectives are formulated in collaboration with others such as staff members, the advisory committee, prospective participants, the faculty of the school of nursing, or with faculty from other departments within the institution.

Objectives for specific courses should be developed jointly with those selected to conduct the course and with representatives of prospective participant groups. This tends to insure that the needs of the participant group are clearly identified. The staff and participants can then mutually establish realistic objectives.

Characteristics of Objectives

Objectives are written in terms of behaviors expected of the participants in relation to content. It is important to describe as accurately as possible how the learner will behave on completion of the course. To do this, one must know the kinds and levels of behavior expected and the framework of content and conditions in which these behaviors will occur.

Objectives are not stated once for all time. They must be constantly re-evaluated to determine if they are realistic and complete. Program objectives should not be too diffuse, leading to an attempt to accomplish more than is possible in the time available, nor should the behavior expected be set at too high or too low a level for the participants' achievement. Course objectives must always be consistent with the philosophy of the continuing education department, the school of nursing, and the institution.

Some characteristics of objectives which have been identified by educators are:

> An objective describes what the *student* will be *doing* to demonstrate his achievement of your instructional intent.
>
> An objective is about ends, rather than means. It describes a product rather than a process.[3]
>
> A statement of objectives should describe both the kind of behavior expected and the content or the context to which that behavior applies. Objectives should be realistic and should include only what can be translated into curriculum and classroom experiences.[4]

In summary, curriculum goals are broad statements of the ideal attainment desired for the curriculum. Curriculum objectives are statements of broad or general behavioral changes necessary to achieve the goals. Objectives for a single offering deal with specific behavioral changes that can be realistically accomplished within that offering.

As examples, some goals of continuing education are:

1. To improve the system of health care so that it reaches all people with optimum provision for care.
2. To improve the quality of nursing care provided by broadening and deepening nursing knowledge, by increasing skill in teaching, supervision and administration, and by increasing the acceptance of the responsibility of professionals as change-agents for improvement of health care.

Based on these goals, some objectives of a curriculum might be that participants would:

1. Make decisions for changes in nursing care based on a systematic analysis of appropriate facts.
2. Apply a problem-solving approach within their responsibilities for nursing care.

For single offerings more specific behavioral objectives could be that participants would:

1. Develop written plans for nursing care based on information obtained in a nursing history.
2. Verbally relate the experience of creating a physical object to identify and demonstrate the processes of creative thinking.

Objectives should be formulated so that there is direction for the content and learning activities required to achieve them.

Selecting Content

All phases of curriculum development are interrelated, and planning is a component throughout. According to Taba:

> If curriculum is a plan for learning, and if objectives determine what learning is important, then it follows that adequate curriculum planning involves selecting and organizing both content and learning experiences. . . .
>
> The selection of content, with pertinent learning experiences, is one of the major tasks of curriculum planning.[5]

With the ever-increasing amount of knowledge, and the extension of educational objectives, selection of content becomes progressively more difficult. This is distinctly observable in the practice of nursing.

Requests from practicing nurses for specific subjects have been mentioned as one guide to selection of content. This method, however, provides only general areas, and there are more discriminating levels of choice to be made. Selection must be made of topics to cover within a subject area and of basic ideas and specific facts to be emphasized. A request may be received for a course in medical-surgical nursing. This is too broad and general a subject to be adequately treated in a workshop or short course. A specific area or specific approach must be selected, such as care of the patient with coronary occlusion, or therapeutic measures based on molecular biology. Further basic ideas pertinent to the course must be identified, and specific factual material selected, such as information on normal levels in certain types of blood work.

The complexity of selecting content is evident. In most instances, nurse faculty members engaged in continuing education programs have a wide variety of professional experience themselves and can call on experts and specialists for assistance as needed. The education and work experience of the leader selected for the course have considerable impact upon the content presented. It is strongly recommended that the participants be involved in the planning process even if only through identification of their own learning needs. If these needs are specifically delineated, content to meet them can be more readily developed and at a depth suitable for the participants involved.

There are several criteria useful in the selection of program content. Validity and significance are important criteria. One test of validity is the question of how fundamental is the knowledge. A second criterion is related to the social and cultural realities of the time. A third focuses on depth and breadth of content in relation to the needs and capabilities of the participant group and of individuals within that group. A group of practicing nurses may exhibit great diversity of experiential and educational background. A fourth criterion is the provision for a wide range of objectives. Acquisition of knowledge is only one outcome of learning. The development of more effective ways of thinking, desirable attitudes, appropriate behavior and skills are other learning outcomes which should be considered.[6]

The Leadership Development Program described in Chapter IV illustrates the use of the above criteria in selection of content and method. This program brought from the behavioral sciences content which was based primarily on research, and which was new to many of the participants. Learning activities made it possible for the participants to incorporate the experience into their ways of performing. One objective was that of increasing behavioral awareness. Content was introduced relating to the importance of trust in relationships. Opportunities were provided for participants to begin to see their own capacity for trust, as revealed in group discussions, role-playing, individual problem solving, and group problem solving situations.

Selecting Learning Activities

The selection of learning activities is of utmost importance in curriculum planning and should be developed with care and consideration equal to that given to selection of content. The educator's role is to plan learning activities and use teaching methods to provide the learner with opportunity to make the content his own. Learning is a highly individualistic process, and is experienced within the individual.[7] Participants in a conference are exposed to the same activities, but these are internalized in a somewhat different way by each person. Consequently each learner will have a different learning experience from the same activity.

Relevant learning activities help the participant approach his potential through practicing behaviors that have been selected for learning. Acquisition of theoretical knowledge is sometimes more dependent upon selection of content than upon the type of learning activity selected.

Because of the individual differences among learners, the selection of learning activities requires considerable understanding and skill on the part of the teacher. Activities appropriate to attain objectives vary according to the objective and the learners, but there are some principles which can serve as guides for their selection. According to one writer:

> For a given objective to be attained, a learner must have experiences that give him an opportunity to practice the kind of behavior implied by the objective, and to deal with the kind of content implied by the objective.
>
> The reactions desired in the experiences are within the range of possibility of the learner involved.
>
> The learning experience should be such that the learner obtains satisfaction from carrying on the kind of behavior implied by the objective.
>
> There are many particular experiences (activities) that can be used to attain the same educational objectives.
>
> The same learning experience (activity) will bring about several outcomes.[8]

Variety in learning activities is important because people do not all learn the same way. Some people learn well from books or films, while others find observation or experimentation more useful. Whether all participants should be exposed to the same teaching methods without consideration of backgrounds is questionable, but if this is done, great variety in approach reduces the probability of favoring some participants to the disadvantage of others. Some people learn best in groups of their peers; others in heterogeneous groups. Some are more comfortable using verbal symbols; others prefer quantitative materials. Some individuals prefer the more solitary ways of learning, such as reading of books or listening to lectures; others are more stimulated by group activity.

These observations point to the use of a varied and balanced array of learning activities and of conditions under which learning takes place if all participants are to have an opportunity to learn. The variety and balance recommended include reading, writing, analyzing, library research, conducting action research, observing and giving nursing care to patients. Another kind of balance is related to activities in which participants receive information and those which provide an opportunity to discuss or exchange ideas, reflect on knowledge obtained, synthesize knowledge, and express feelings and attitudes about facts and concepts.

As a program is organized into a meaningful sequence of content, the planning and organizing of the learning activities also come into focus. Organization of these activities has often been largely overlooked. In a course or program, learning activities need to follow a sequence which makes continuous and cumulative learning possible.

Taba suggests that there are four stages which should be present in the sequence of learning activities. These stages together with interpolated examples from the field of nursing, are presented below.

The first stage begins with the introduction of orientation activities which arouse interest, create involvement, and enable students to make comparisons with their own experience. Activities planned to orient participants and to help the instructor evaluate where the learners are on entrance into the program constitute a part of this stage. Thus, in a workshop on rehabilitation nursing, the instructor would wish to know how many participants were currently working as rehabilitation nurses.

The second stage includes the study activities which are aimed at developing the various aspects of the subject and providing the factual material and activities to develop the skills needed for various tasks. These may involve reading, analysis of data, committee formation, and planning ways of presenting material. Intake types of activity are commonly used at this stage. Continuing to use the rehabilitation workshop as an example, this intake activity might be didactic lectures on stroke and its effects, or audio-visuals such as film clips of nursing procedures with stroke patients.

In the third stage, opportunity is provided for generalization activities which allow participants to put ideas together, compare ideas with those of others, restate concepts and draw conclusions. The whole group may profitably work together at this stage. The nurses might themselves play the role of stroke victims and be nursed by fellow participants who would teach them how to dress and feed themselves.

The fourth and final stage is that of application, summary, and culminating activities which are designed to use what has been learned, to assess gains, and to evaluate. An oral or written report from the participants is often used to obtain their evaluation of the knowledge and skills acquired and their suggestions for improving the workshop experience.

Often, when the lecture method is used as the intake activity of the second stage, the error is made of not planning for the third and fourth stages. Participants need an opportunity to share ideas and the meaning of ideas, as well as an opportunity to make plans to use new knowledge and approaches in nursing situations.

One learning activity used in continuing education programs for nurses which has been found useful is that of having the participants take information given in a workshop or conference back to the specific job and apply it there. This requires careful planning, since the use of data in a patient-care situation requires the participant to have developed some plan of action. It also requires reporting the results back to fellow participants or to instructors or consultants. Activities at the conference or workshop may be arranged to allow the participants to formulate the plan for use in the work setting with the assistance of the peer group at the conference. This type of learning is promoted by providing a series of conferences for the same participants. The application of learning can be evaluated in succeeding conferences, adjustments made in the plan of action, and the revised plan tried again in the work situation.

Because the participants are adults and professionals, it must be assumed that they bring to continuing education a certain motivation and responsibility for their own learning. Thus, independent study can be included in most types of continuing education programs and courses. It is readily planned in the more traditional courses, but should not be overlooked in workshops or conferences of several days' duration. In the latter instance, the teaching and planning staff have the responsibility for seeing that resource materials are available to the participants and that adequate time is set aside for independent study. Opportunities for the participant to discuss ideas and concepts gained from independent study and to express feelings and attitudes about the concepts encountered are also needed as part of the experience.

The content of this chapter is not intended to cover in any comprehensive way the total variety of learning activities which may be used in continuing education. Ways of working with adult learners need continued study and experimentation. However, some examples of successfully used learning activities may be helpful.

Examples of Learning Activities Derived from Objectives

Example I

Objective: The participant will identify driving and restraining forces in a nursing situation.

This conference session was focused on the change process. The theory of driving and restraining forces had been presented to the participants as one way of viewing a change to be made. Some time had been spent in previous sessions in looking at and identifying areas in which change needed to be realized, and the effects of the change-agent in the situation.

The following method was used to develop and expand the concept of driving and restraining forces. Small groups of about ten people were formed. Each group was given the same nursing situation and asked to (1) develop a force field analysis of the situation (forms with which the participants were familiar were provided to assist in the process), (2) develop actions into a workable plan to cope with the situation, and (3) be prepared to present the plan in role-playing to the general session following the group work.

The general session room was arranged as a theater in the round. One group was asked to be on stage and to present the work from the small group session through role-playing a team conference. The other groups constituted the audience and were divided into two sections, staff nurses and supervisors. They listened to the presentation from the viewpoint of one of these positions.

After the on-stage presentation, supervisor and staff sections critiqued the material presented, specifically by identifying driving and restraining forces. The suggestions from the participant audience were written on newsprint and a summary of the content and learning experience was made by a staff member.

Example II

Objective: The participant will list verbal and nonverbal behavior identified through observation of a role-played nursing situation.

This conference session was focused on communication. One learning experience involved the use of drama students to portray roles of either a patient, a family member, or a coworker. The situations used in these portrayals were usually unsolved participant problems suggested by the participants.

Each small group was assigned a drama student. The drama student and the nurse or nurses involved in the situation were the players. The other group members were divided into two groups. One group observed the nonverbal interaction, and one group observed the verbal interaction.

The group members observing verbal and nonverbal behavior then discussed what they had seen or heard and listed the behaviors in each category. The nurse, who played herself, was given opportunity to critique the role-playing. The drama student, as the patient, family member, or coworker, discussed how he felt in the role and what the nurse might have done or said to improve her communication and interaction. All group members, the staff member assigned to the group, and the drama student, joined in summarizing the discussion.

The verbal-nonverbal patient forms developed by the authors in their study of the effectiveness of a leadership program in nursing were used as a frame of reference in the observing and critiquing of the role-play situation.

Example III

Objective: The participant will develop plans for nursing care based on information obtained in a nursing history.

This conference session focused on the nursing process and, specifically, on the history-taking and planning processes.

The participants were paired, with one assigned to the patient role and one to the nurse role, and a fairly simple form of nursing history was used. The nurse participant interviewed and gained information from the patient participant. Roles were then reversed so that each participant had opportunity to gather and to give information.

Working in small groups of eight to ten, the participants then reviewed the data obtained on each patient participant and speculated on the potential or real problems the patient may have faced. Following this, the group focused on approaches the nurse could use to aid the patient in solution of his problems.

From this process, each participant was able to gain experience in obtaining data, in interpreting it, and in using it in the planning of nursing care.

Example IV

Objective: The participant will recognize reactions to feelings of dependency.

This conference was focused on increasing self-awareness and self-understanding.

The participants were paired and one was blindfolded. The two engaged in various activities which included walking up or down stairs, eating or drinking, and going into a room strange to the blindfolded person. During the experience, both participants were asked to focus their awareness on feelings which were evoked by the situation. Roles were reversed so that both participants might have opportunity to experience dependency.

Following the experience, participants returned to the small groups of approximately ten members and shared their reactions to the experience.

Example V

Objective: The participant will relate the experience of creating a physical object, to identify and demonstrate the processes of creative thinking.

This conference was focused on creativity in nursing. Participants were asked to create an object within the next two days from any raw materials of their own selection. Following the time period allowed for the creation of the object, participants met in small groups of about ten and discussed the experience. They were not required to share the object they had created with the group, since competition in creativity was not the objective. In the subsequent discussion, participants were asked to share the process by which they selected raw materials and used them in their creation. They were asked to analyze the factors, such as their background experience and the availability of materials, that contributed to the process, and to point out ways in which the same factors might influence creative thinking.

Evaluation

To some, the term "evaluation" is equivalent to the term "grading." That this equivalency is ever true in education is open to question, but substitution of grading for evaluation in connection with planning for continuing education is an unpardonable error. Grading implies comparison with an absolute standard or upper limit to learning, as though learning were a static terminally defined activity, not an ongoing process throughout a person's lifetime. Evaluation, like education, in order to be effective must be a continuous multidimensional process.

The evaluative process is inherent in every phase of educational planning, from assessing society's needs to determining the effectiveness of an individual course. Dressel has stated:

> The nature, extent, and role of evaluation practices in any institution depend on the educational philosophies of the faculty, the administration, and to some extent the constituency supporting the institution. Evaluation is both a means and an end. Since evaluation is or can be intimately involved in so many phases of planning and operation of an educational institution, it is possible for this process to become a unifying or integrating concept which helps to insure that all activities exemplify and contribute to educational goals.[9]

No one philosophy relating to continuing education has been identified or developed which would be acceptable to all persons or all educational institutions. However, it is not questioned that the role of the evaluation practices, their characteristics and extent, depend to a large degree on the philosophy of persons and institutions.[10]

Evaluation functions as a guide to learners, helping them judge what they have accomplished against what is expected of them; to teachers in helping them judge the efficacy of their teaching methods and the clarity of the course objectives; and to administration in helping them to determine the effectiveness of the total continuing education program.

Evaluation consists of gathering evidence on the attainment of objectives, interpreting the evidence, forming judgments on the basis of the evidence, and deciding on the changes and improvements needed in curriculum and in teaching.[11]

The evaluation process begins with the educational objectives. Clearly stated educational objectives indicate the type of behavior in relation to the content, or the expected result of the educational process. Evidence should be secured which indicates the degree to which the learner has accomplished the expected behavior in terms of the content outlined in the objectives. The method used in securing evidence must vary according to the objectives. This is especially true in continuing education activities which usually are geared to a group of learners whose backgrounds and rate of progress vary substantially. Continuing education programs often are less stereotyped than formal education programs. Creative forms of education would be incongruous if the evaluation tools used were limited in scope or imagination. The lack of instruments already prepared and tested should not hamper those involved in continuing education, but should stimulate them to try to develop new tools as imaginative in scope as the programs and teaching-learning methods they are producing.

The selection of an evaluation tool is based upon the degree to which it is believed capable of measuring the type and direction of change indicated by the objectives. Evaluators may find one or several instruments which accomplish the purpose more or less well, or, in such new fields of study as continuing education in nursing, evaluators may have to devise an instrument to suit the particular situation. With reasonable skill, devising and testing instruments geared to the individual program or innovative situation are likely to be creative and rewarding efforts. However, new tools should be validated as to how well they measure the type of behavior expected. The tools should also be tested for reliability, that is, they should consistently measure the same behaviors when used with different groups.

Evaluative tools rarely are devised to attempt to measure all of the behavior changes expected to occur as results of a program. Some evidence of behavioral change can often be obtained from other sources, such as reports of projects directed toward implementation of learning in the work setting of the participant. The reader is referred to ***Evaluation of the Effectiveness of a Leadership Program,*** a publication by the authors of this book. This publication contains examples of experimental tools developed to evaluate the outcomes of a continuing education offering.

In programs which provide consultant services to participants in the work setting, the observations made by the consultant relevant to change constitute a type of evaluation. Check lists, anecdotal records, or rating scales used by the consultant may be useful in tabulating evidence for the evaluation of outcomes.

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[1] Carl Rogers, "Personal Thoughts on Teaching and Learning," *Improving College and University Teaching*. 6:1 (Winter, 1958) 4-5.

[2] Martha M. Leypoldt, "The Teaching-Learning Process with Adults," *Adult Leadership*. 16:6 (December, 1967) 212.

[3] Robert F. Mager. *Preparing Objectives for Programmed Instruction*. San Francisco: Fearon Publishers, 1962, p. 53.

[4] Hilda Taba. *Curriculum Development Theory and Practice*. New York: Harcourt, Brace, and World, Inc., 1962, pp. 202-204.

[5] *Ibid*., p. 266.

[6] *Ibid*., pp. 267-268.

[7] Camilla Low, *Developing, Selecting, and Evaluating Learning Experiences*. Washington, D. C.: Association for Supervision and Curriculum, National Education Association, 1950, p. 50.

[8] Ralph Tyler. *Handbook for Curriculum Development*. Chicago: University of Chicago Press, 1950.

[9] Paul L. Dressel and Associates. *Evaluation in Higher Education*. Boston: Houghton Mifflin Company, 1961, p. 19.

[10] J. Cecil Parker and Louis J. Rubin. *Process as Content*. Chicago: Rand McNally and Company, 1966.

[11] Taba, *op. cit*., pp. 310-312.

CHAPTER IV

DESIGNING CONTINUING EDUCATION OFFERINGS

Once the curriculum in continuing education is established, the next step is that of developing the design for each curricular offering. The design involves certain decisions and operations. Included in these decisions are those of (1) defining objectives; (2) deciding on the type of offering based upon needs, time allotment, and target population; (3) selecting and organizing content and learning activities; (4) planning for consultation and evaluation; (5) identifying appropriate human, physical, material, and financial resources; and (6) recruitment of participants.

Each decision involves considerations and operations too extensive to be fully explored on one chapter. Some of these elements have received attention in the chapter on curriculum development; others will be dealt with here and in subsequent chapters. However, all facets of the design are mutually supportive and of equal importance and must be considered if a continuing education offering is to be successful.

Defining Objectives

Goals, program objectives, and specific course objectives have been discussed in some detail in Chapter III. In planning an individual course offering, the general objectives must be determined first. From these objectives are derived the theme or title of the offering and clues to the type of content and method that will best meet the needs of the target population.

2

Time Allotment and Spacing

The type of offering selected should facilitate the attainment of the objectives by providing the kinds of experiences and the time and spacing required. The length of time must be adequate for the number and kinds of learning experiences needed for participants to attain the objectives. Spacing of learning experiences should allow for thought and application between the formal and individual experiences and enhances their effectiveness.

In a given instance, if it were decided that 15 days of learning experiences should be sufficient for the attainment of the objectives, the spacings considered might be 15 consecutive days, one day a week for 15 weeks, or three one-week sessions at intervals of three to six months. The selection should be based on the relative merits of each pattern for the objectives, particular content, and method of learning planned, and upon the living and work patterns of the potential participants. In the experience of the authors, an offering which provides for three to six month intervals between sessions has been shown to have the advantage of allowing for assignments for application of theory in the participant's actual work situation. Sharing of satisfactions and frustrations at the next session is encouraged and tends to reinforce the positive effects of the experience. The provision of interim consultation further enhances the value of assignments carried out in the work setting.

In planning the time and spacing of an offering, it is usually necessary to consider the distance participants will travel and the length of time they can be away from job and family responsibilities. Because of travel requirements, an evening course once or twice a week will draw from relatively narrow geographic boundaries. On the other hand, a session of five consecutive weeks, while requiring less travel, may be difficult for participants to arrange. However, the authors have found that participants are both willing and able to adjust to time and travel requirements when they see that adjustments are needed for a sound educational experience.

Types of Offerings

A continuing education program for professional development of nurses should include balanced offerings in both the clinical areas of nursing and in the leadership and functional areas. Courses, seminars and conferences to fill specific needs of the profession in maintaining and expanding competence in all professional areas must be provided.

Ways of organizing continuing education offerings are limited only by the insight and imagination of the planner. In the experience of the authors of this book, the following types of offerings as defined and described below have been successful in a variety of situations.

A *course* is primarily a series of instructional meetings conducted by one or more experts and in which the participants receive information about best current practice and innovative ideas in a specialized area of interest. A course is an established and generally accepted way to review fundamentals and learn new techniques. In nursing, major emphasis is usually placed on the practical application of the subject matter. The hours of class time and the length of courses vary. Often they are the equivalent of from one to three hours for a quarter or semester, depending upon the course objectives, the time required to meet them, and the policies of the sponsoring institution.

A seminar involves a small group of participants who meet after selection of a topic or study area and preparation for group discussion through reading, experimentation or other experiences. During the meeting, participants exchange ideas and experiences and discuss in depth the topic or area selected. Each seminar is directed by a carefully selected, competent leader, usually, but not necessarily, a regular member of the seminar. The emphasis in a seminar is on discussion and the free exchange of ideas and experiences.

A *conference* brings together large groups of participants for one or two days to hear from carefully selected experts the latest developments and activities in the subject area. The object of attendance at this type of meeting is to learn about recent developments and listen to the ideas of leaders in the field as stimuli for individual thought and action.

A *workshop* is a type of meeting that offers opportunities for persons with a common interest or problem to meet with specialists to consider new knowledge and practices and to experience working on specific relevant tasks in small groups.

An institute is a training meeting, usually one to three days in length. New material is presented to the participants to provide information or to stimulate study and action, or both. Workshops and institutes are two of the most frequently used forms of organized adult education offerings. Tailored to fit into weekends and vacation periods, they are admirably adapted to the requirements of many types of adult education and training. The once-a-week evening class spreads the learning over long periods of time and permits daily application of learnings, but this learning may be diluted with the responsibilities and distractions of everyday life. The workshop or institute concentrates the learning within a limited, continuous period and provides uninterrupted "learning environment" from the beginning to the end of the program. Educationally sound workshops and institutes require careful planning.

A combination of conference and workshop or institute has been and continues to be used rather extensively in continuing education in nursing. These offerings, planned in a serial pattern to provide learning experiences over an extended period of time, are in the form of three to five-day sessions spaced at four to six month intervals over a one or two year span of time. This plan provides intensive periods of concentrated study with interim time to try out newly acquired knowledge and skills on the job. The participant is able to bring reports of progress made, problems encountered, or suggestions to the next session.

Teaching Methods and Learning Activities

In continuing education in nursing, techniques, devices and tests should be carefully selected to initiate or reinforce particular kinds of learning and to achieve specific objectives. Traditional methods, such as lecture, lecture-demonstration, simulation exercises, process recordings, the panel, field trips, role-playing and demonstrations are used where appropriate. The choice of techniques or devices is based upon the desired behavioral outcome, the size of the learning group, characteristics of the group, the nature of the physical facilities, and the resource persons available. Less traditional methods, such as programmed instruction, television, telelecture, radio, two-way radio, T-groups, diads, triads, alone periods, town meeting, and methods to improve creativity, communications and sensory awareness, have been used successfully to achieve educational objectives. A brief discussion of some of the less traditional methods of instruction may lead the nurse educator who has not used them to fruitful experimentation.

Television is no longer a novelty in present-day educational institutions. Where closed circuit television is provided, it can often be used to advantage in continuing education programs. However, the use of live television involves a great deal of time, effort, and expense. Educational television requires the combined skills of a well-coordinated team and very costly equipment. To justify such expenditures of human and material resources, an appropriately sized audience must participate in the results and be able to demonstrate effective implementation of the subject matter offered. Viewers tend to be more critical of television instruction than they are of the more traditional methods of instruction.

Television and television tapes are versatile and mobile, can move in for a closer look, swing around for a different view, and can back away for a broader picture. The sound and picture can be much more informative and stimulating than a lecture, and should involve advance preparation of the viewers and be followed by discussion. Educational television should allow for 30 minutes of televiewing and 30 minutes of supplementary related activity. To be successful, programs must be designed to fit the audience, be professionally planned and executed to command the respect of all concerned.

Television Tapes. The advantages of television tapes are similar to those of television and motion pictures. Television tapes are adapted to multiple usage, stopping to replay parts for emphasis or clarity, and are easily revised through editing. A popular, often repeated course can be taped and replayed as needed. Play-back machines require only a technician as projectionist, and may be used when it is not practicable for the lecturer to travel to the audience. Tapes of individual actions or group interactions can be made. The persons involved can observe themselves objectively in both verbal and visual context. Objectivity for the participant does not often come with the first viewing. The tape may have to be replayed several times before the learner loses self-consciousness and can view himself realistically.

Tapes can be used as an individual learning experience, or may enable the planner to add to the program otherwise unavailable experts. The director of educational television at the university or hospital is usually happy to advise, offer instruction, and make available facilities for experimentation.

Critics of television tape as a teaching method point to lack of audience opportunity to ask questions or discuss issues. This weakness can be reduced by having an informed discussion leader with the audience or by using a conference call (telelecture) for a discussion period following the replay of the tape.

Telelecture is a combination of telephone lecture and discussion. It is an outgrowth of the conference call, and brings the lecturer to the audience by means of telephone lines. The lecturer's voice is amplified and people in the audience can talk directly with him. Telelecture has the advantage of flexibility. It can bring together a lecturer and an audience separated by great distances. Renowned resource people are made available to audiences in isolated communities without the expense and inconvenience of travel for anyone. Telelecture can operate in any place that telephones are available.

One limitation of the telelecture is that it suffers from lack of visual impact. This can be overcome through planning prepared visual materials that can be projected as the lecture progresses. Telephones can also be used to transmit handwritten information using data-phone service or telewriter, as it is sometimes called. Telephone services promise for the future a picture-phone, which will bring both sound and visual presentation to the audience over telephone wires.

Some guidance for planning and conducting the telelecture may be helpful. The local telephone office can give information on costs involved and advise on the type of equipment available for the program. A moderator is a necessity for each audience involved. The nature of the visual aids to be used determines the need for an additional person.

The moderator's prime responsibility is for facilitating communication between the lecturer and the audience. He may also act as the planner's alter-ego through such acts as orienting the audience to the purposes of the program and the telelecture method and performing tasks such as fee collection, passing hand-out materials, and projecting visual aids.

A successful telelecture program is often dependent upon the orientation of all involved to their contributions. The lecturer must be aware of the importance of speaking clearly. He must avoid lack of clarity in making references to the visual aids which may result in audience confusion. A brief conversation between the lecturer and the moderator at the beginning of the conference call may be used to clarify instructions and program timing. The moderator instructs members of the audience to speak clearly and to identify themselves each time they speak. Large audiences may require that the moderator play a more active role in formulation and "fielding" of questions and discussion points.

Programmed instruction can be an effective teaching method. Student error is reduced and the method tends to level the differences due to variations in the learning capacities of students. Individual learning time varies because the learners work at their own speed. The motivation to learn is augmented because the learner has immediate knowledge of success. Common characteristics of programmed instruction courses include:

1. The assumptions are stated clearly in writing.
2. There are explicitly stated objectives.
3. There is a logical sequence of small steps.
4. The method requires interaction between the student and the program.
5. There is immediate feedback of information.
6. The technique accepts and takes advantage of individual differences in the rate of learning.

7. Constant evaluation of the program and progress of the learner can be made by the instructor.

It is possible to procure several already made programmed instruction courses which are pertinent to the continuing education of nurses, but the field is open to much more extensive and intensive cultivation to meet present and projected needs.

Two-way radio conferences enable nurses in hospitals and other agencies to keep up with the latest developments in nursing. Suggested topics for a radio series can be obtained from the nursing personnel of participating hospitals and public health agencies. Dynamic question and answer sessions during each broadcast stimulate intercommunication among professional nurses. The program chairman can be the moderator for the question and answer sessions. Because of equipment requirements, this two-way participation is possible only for those who meet at the participating institutions. Through extensive mailings of the program announcements, all nurses within radio reception range may listen to the broadcasts.

Fundamental to the structure of each radio conference are the speaker's lecture notes and reference materials which form a basis for discussion. Hundreds of nurses may listen to the radio conferences in their homes and places of employment.

Emphasis on the participation of nursing staffs in the two-way discussion and in program planning may result in an unprecedented number of suggested topics and speakers for future conferences, and in highly gratifying interest and cooperation from hospital administrators and directors of nursing. In providing opportunity for nurses in both urban and non-metropolitan areas to have discussions with medical center faculty, the nursing two-way radio conferences extend the "classroom" to a larger number of nurses than have had such opportunities in the past.

T-Group (Training Group) is a basic group created for the purpose of learning how each person responds to the components of working, relating, and learning with others. This method may also be called developmental group, encounter group or sensitivity training. Each member of the group observes his own and others' actions while participating in the work of the group. The group provides an experimental laboratory for interaction, and the studying of how individuals "make their own meaning" as each one becomes conscious of the forces at work in the task, the people, the situation, and the "here and now." The T-group method most concretely demonstrates that effective learning puts a high value on trust, openness, confrontation, collaboration, and the ability to give and take reactions constructively.

Diad, Triad, and Alone Periods are all methods used either for enhancing an individual's sensitivity to himself and others or to accomplish an assigned task. Reaction or work groups may be composed of two or three persons with alone periods interspersed to allow for self reflection and integration of learnings.

Town Meetings are used as an open forum for discussion. Two concepts exist on the uses of this device. One takes the viewpoint of discovery. The other focuses the discussion to follow a provocative presentation.

Consultation

The consultative process is delineated in Chapter VI. The discussion of consultation included here relates to the mechanics of consultation services. In continuing education in nursing, consultation is a function of primary importance, both in the planning of the program and courses to be offered and in carrying them through effectively. During and between conferences, the members of the conference staff may serve as consultants to the participants in their work settings, working with them either individually or in groups, or in communicating directly with the agencies employing the participants. There is as much need for the teachers and directors of continuing education to be skilled in providing consultation as there is for them to be skilled in teaching.

Consultation is built into some of the continuing education serial programs, such as the leadership series described in Chapter IX, to provide a bridge from the conference to the participants' actual work situation. During the orientation of participants to the leadership series, the consultation service and the method of requesting, assigning, and scheduling consultants is discussed. Considerable attention is given to clarifying the functions of consultation in the program.

Participants' requests come to the director for a particular consultant or for help with a specific problem. Requests for visits may be based upon difficult work situations, the participants' changed feelings and attitudes, desire for help with a particular or new job assignment, need for assistance with inservice education programs, attempts to make more effective use of personnel, staffing for a new hospital, reactions to plans for curriculum revision, and plans to improve nursing care.

The consultant makes a report of each visit. One copy is placed in a folder containing all data pertinent to a participant's progress and, if it is requested, a copy is given to the participant. In any case, in the leadership seminars, all information, such as evaluation reports, projects and test scores, is filed and is available for the participant to use in a final self-evaluation report of progress in the two-year series. The consultation reports are largely records of selected incidents that the consultant deemed significant in conversing with or observing the participant.

Evaluation

A section on evaluation may be found near the end of the chapter on curriculum development. Determination of evaluative procedures and selection of what to evaluate are important elements in the development of a program design. Patricipant self-evaluations and subjective evaluations by the conference director and staff members are made at the midpoint and at the end of an offering and assist the participants to focus and refocus on the objectives, and help the faculty to provide an improved learning environment. Tests of information, on-the-job behavioral tests, attitude tests and situational exercises can be selected or developed to aid in attaining the objectives. In the evaluation of performance, rating scales, observation forms, tape recordings, televised performance, and other devices may be used as measures of progress.

Research in the Work Setting

Programs of continuing education for nurse practitioners should incorporate the results of research and demonstrate how the nurse may use the results in his practice of nursing. Practicing nurses need to be able to distinguish between basic research and the problem-solving processes used in the action research in which they are frequently involved. If the nurse is oriented to the aims and objectives of research, he will be able to make better contributions to research projects in nursing and to seek with an open questioning mind answers to nursing problems.

There are various types of research methodology appropriate to the purposes of continuing education: historical research to discover useful relationships between past efforts to educate nurse practitioners and the continuing education movement of today; descriptive research to validate assumptions about the realities existing in the nursing world; and experimental research designed to seek new nursing knowledge. Continuing education faculty members may qualify as experimental investigators to test systematically the results of continuing education programs, may develop new methods to be employed in educating adults, and may give direction to other investigators choosing continuing education in nursing as a research field. "For the educator involved in experimentation, there can be no end to learning, no permanence, no dogma, no utopia—only continual learning, continual challenge, and continual change."[1]

Resources, Publicity, and Recruitment

Chapters V, VII, and VIII are devoted to the resources, publicity, and recruitment required to support continuing education programs. In designing continuing education offerings, adequate consideration must be given to these supportive factors.

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[1] Martin Tarcher. *Leadership and the Power of Ideas.* New York: Harper and Row Publishers, 1966, p. 175.

CHAPTER V

HUMAN, PHYSICAL, AND MATERIAL RESOURCES

An integral part of designing a specific continuing education offering is the choice of human, physical, and material resources. The quality of content and its presentation rest with those chosen as resource persons. The physical setting and the equipment and teaching materials provided contribute to the learning environment. Choices among possible resources should be made with care. The following discussion presents consideration of these resources in more detail.

Human Resources

Four groups of persons will be considered as they relate to the planning, the mechanics, and the conduct of the offering: (1) the members of the advisory or planning committee; (2) the resource persons; (3) the participants as a resource; and (4) secretarial and technical assistants.

The Planning Committee

A planning committee may be selected by the director of continuing education to assist in planning an offering. For example, to plan an offering in pediatric nursing, the head nurse of the pediatric section of the teaching hospital, a physician at a local children's hospital, and a professor of maternal and child nursing might be chosen. The planning committee may help select the content of a course. Content selection may be done by a group of professionals concerned about a common problem, e.g., organizational changes needed to accomplish the transition from a small hospital to a large hospital. The roles of the members of the planning committee will usually be multiple in nature. They assist in formulating the objectives, in assessing the areas of greatest need, and in selecting the content and resource persons. During the sessions of the course or conference, some or all of the committee members may work actively with the participants.

Members of the planning committee may be selected for their knowledge of the content area, their ability to serve as leaders and to work with groups of practitioners, for their interest in continuing education, and for their availability for participation. Nurse clinicians strengthen the planning group. Administrative personnel from local agencies are in a key position to point up needs, to suggest desirable participants, and to make it possible for such prospective participants to attend meetings. Because the trend in nursing is toward planning for community health, it is desirable to obtain committee members from different types of health agencies, including hospitals, visiting nurse associations, public health departments, and schools of nursing.

The writers have found that an orientation for members of the planning committee is essential to insure the effectiveness of their participation. Patterns for orientation vary with the philosophy, the objectives, and the program. Prior to the actual production of a program, the resource persons may come to work with and train the staff in relation to group activities, sensitivity training, or some specific areas of program content. The orientation period may be a matter of hours, a period of days, or a full week, according to the type and extent of activity planned. Even when a formal orientation period is not planned, the coordinator should spend time with the new staff members to reach a mutual understanding of the philosophy, objectives, and mechanics of the program and the role and function of each member of the staff.

Resource Persons

Selection of the resource person or persons is dependent on many factors. The type of offering, whether in a clinical nursing area or in a field such as communication, usually determines the discipline from which the resource person should be sought. Sessions with nursing content are made relevant by the selection of nurses as primary resource persons. The use of experts from other disciplines such as sociology, anthropology, phychology, physiology, or medicine may add new dimensions to the material presented and discussed.

The size of the budget will greatly influence the selection of a resource person to present content material or to direct the proceedings. It is essential to know the capabilities of the person to be engaged. Many well-qualified persons can successfully conduct a one-day conference, but would find it difficult to cover a five-day period. Some persons, thoroughly knowledgeable in their field, are poor speakers and do not have the capacity to work well with adults or to stimulate group members to participation.

Success in obtaining a resource person depends in a great measure on placing the request well in advance of the scheduled date. Professional people in considerable demand often have commitments from 8 to 12 months in advance.

Information regarding the objectives, the proposed theme, suggestions as to the content to be presented, the number and type of participants, the projected date and place of the meeting all need to be imparted to the prospective resource person to facilitate the decision to accept or decline the invitation and to offer guidelines for preparation.

The Participants as a Resource

Participants contribute in many ways. It has been found by the writers in conducting conferences that there is positive value in having representatives of the participant group meet with the staff for on-going planning. These representatives bring to the discussion the comments and expressed opinions of the total group on all phases of the program, from how well the content is meeting the needs of the group and suggested areas of coverage or emphasis to the rearrangement of the sequence of the activities. This promotes adaptability on the part of all involved. This provision for adjustment or change contributes to the vitality and effectiveness of the program because it integrates the thinking of the participants with that of the staff.

In some situations, to give the planning group and staff some indication of the general climate and feelings of the participant group, the use of a suggestion box and feedback by means of participants delegated as observers may prove useful.

Secretarial and Technical Assistants

Operators for motion picture and slide machines and technicians for television, two-way radio, or telephone lecture equipment can relieve the staff of duties which sometimes fall to them and absorb time and attention which they might more profitably spend in other activities.

Clerical assistants are a contributing resource and relieve the planning group and leaders of some of the mechanics in the various stages of planning, during the actual sessions, and in completion of post-session details. Given an explanation of the purpose and plan, a competent secretary can attend to the completion of the necessary forms, memos, food and housing arrangements, and the correspondence regarding these items. Effective use of human resources is one of the elements in a successful undertaking.

Physical and Material Resources

The Setting

With the growing recognition by society that continuing education of adults is as important as the beginning education of the young, responsibility is being taken by both public and private agencies for the provision of this kind of educational opportunty. Attention is now being given to the kind and quality of the learning environment for the adult learner. Those planning continuing education programs in the campus setting of the college and university, or in the even more widely accepted conference site, must constantly keep in mind that facilities and associated services are closely tied into the educational process. The nature of the physical surroundings influences the receptivity of the students. Physical surroundings are particularly important in continuing education because, for the most part, mature individuals who are not immediately associated with an academic environment may be introduced into a learning situation where the experiences will take place in a relatively short period of time. In order to provide as challenging and as stimulating an environment as possible, educators are investing more effort in planning centers for continuing education on the university campus as well as in the development of facilities set apart from distracting city and campus life.

During the past two or more decades, many organizations in this country have acquired residential facilities in scenic and often quite secluded locations. Many of these are owned by business firms or church groups, while others are maintained by colleges and universities. It is not unusual to find that a resort hotel or motel or a mountain or seaside lodge can be readily adapted to serve as an educational site, allowing participants to be away from the responsibilities and confusion of the city. Sites of this nature are said to provide educational experiences in a "sylvan setting" or in a "cultural island," and to offer distinct advantages of privacy, scenic beauty, freedom from distraction, and a relaxed atmosphere which promotes friendliness and core socialization among participants.

The chief argument for the resort type is that a close relationship among participants and between participants and staff can develop. Testimony from participants seems to indicate that this type of setting favors effective learning. Snow says that the setting itself has something to do with breaking down the walls between people, helping to establish rapport and the revelation of each person as a human being, not a mere stereotype.[1] He goes on to say that the participant finds the sylvan setting to be a noval experience, different from his usual life pattern, that this is stimulating, and that the novelty of the situation tends to shake the participant out of some of his usual habits and make him somewhat more accessible to new thoughts and ideas. With the varieties of activities one can find in this setting, those in attendance can share new experiences and view one another in other than a merely verbal dimension. The location, away from the usual daily responsibilities, places the participants at a single level and initiates a sense of group identity. The dearth of distractions appears to make it easier to hold the group together and fosters better continuity of attendance at sessions. The "living in" situation increases the accessibility of the participant group and makes it possible to use free periods for discussion of pertinent topics or for committee or other small group activities. Again, without the usual interferences, topics tend to be pursued in greater depth than they might be in the conventional setting.

The experiences of the writers support the truth of the opinions favoring the sylvan setting. As a consequence, most of their continuing education offerings during the past ten years have been held in areas of this nature.

Other advantages can be noted for convening where participants are out of reach of their employers and their families. These is a tendency for participants to remain together more and for them to seek out each other's company. Many leaders say that they get to know their group members better and feel that they can better judge the kinds of techniques and exercises which will be most beneficial in group development. The tendency of some to avoid group interaction is diminished; there are fewer places for escape. The resource personnel tend to assume a more relaxed attitude in this setting and join more readily into overall activities. Formal and informal consultation can be accomplished with more ease, for all persons are readily accessible.

Planners are reminded that the adult education conference facility must be more than a hotel accommodation.[2] It must, of course, provide housing that is comfortable and quiet, since most adults do not adapt well to makeshift or crowded housing. Provision should be made for single and for double occupancy rooms with private baths, as well as for dormitory style living. Close proximity of living quarters to meeting rooms is desirable. Accessibility to "conversation centers" for two people and other small groups is needed. Of equal importance is provision for individual reflection and meditation.

Considerable thought should be given to the management of meals. Variation and imagination in well-planned, lighter-than-usual meals will bring compliments rather than adverse criticism. Buffet-type meals allow for individual selection and have proved satisfactory. Availability of coffee, tea, milk, and fruit juices for the participants during the morning and afternoon break is a good practice, with variety appropriate to meet individual needs and preferences.

Meeting Rooms

When a site is being selected, careful examination should be made of the room designated for the large group or general sessions. Of primary importance is its location. It should be protected from the distracting noises of activity and conversation. Its size should be checked out for its potential in seating arrangements. Under some circumstances the best choice may be a simple theater arrangement; in another case, tables and chairs may be preferable. The room should be large enough to accommodate groups in conversational circles. The size of the room determines the number and kind of activities that can be planned for its use for the total group.

The acoustics of the large meeting room should be checked. A speaker's platform, a podium, or rostrum should be available for use. One person should be assigned to check out the public address system and to become schooled in its use. Usual equipment should be readily at hand. There should be enough electrical outlets with extension cords provided, and voltage should be correct for tape recorders, overhead projectors, motion picture, and slide machines. At least one person adequately prepared to operate such equipment should be supplied by the facility or should be obtained and trained in advance of meetings. Built in or portable screens should be checked for availability, size, and quality. It is important to have at hand easels for flip-charts and other teaching devices.

Comfort must be assured in the meeting rooms. Chairs with good back support, tables of proper height, adequate ventilation, good lighting, and optimal visibility should be provided. A person acquainted with the temperature control mechanism should always be available. If smoking is permitted, adequate numbers of ash trays should be provided. Pitchers of ice water and glasses or paper cups are essential. Routine replenishment and replacement should be provided by the management.

Because so much activity is likely to occur within small groups, equal care should be given to the choice and equipment of the rooms which are to be used for small group meetings. Since groups have varying needs, these rooms should be checked for size and the potential they may have for varied group activities. Tables and chairs should be comfortable, and it should be possible to move them about. Here also, precaution should be taken to provide adequate heat or cooling, light and ventilation. Comparable thought should be given to the provision of educational tools and to storage of necessary equipment. If blackboards are not available, satisfactory substitutes should be provided. A supply of newsprint and felt pens can be useful. Each group is likely to need library resources, projectors and screens, tape recorders, and typewriters from time to time. These should be available within the group meeting room, for time taken to search out and transport equipment and supplies during sessions can be better spent in other activities. Careful planning goes far toward insuring the smooth operation of a conference.

An important component is a room allocated to staff for planning sessions, interviews, and independent preparation. It is recommended that this room not be used as one of the meeting rooms for small groups. At intervals a staff retreat is needed, and it is more convenient to have enough room assigned in the first place to insure all a place to meet, work, and study. The staff room can, however, serve as a central repository for supplies, equipment, and secretarial assistance. On the job duplication of materials should be planned for, either supplied by the management or by a secretary. Approximately the same equipment and materials listed for the small group rooms needs to be available in the staff room. Telephones or an intercommunication system should connect the staff room with that of the secretary. Temporary intercommunication systems are not overly expensive or difficult to set up, should such conveniences be lacking. The two-way radio is also a resource which may be employed. Even the possible contribution of the relatively inexpensive "walkie-talkie" should not be overlooked. In view of the rapid strides being made in electronics, new and better techniques of communication will be progressively available.

If lounge accommodations are not provided, an effort should be made to make some sort of meeting room available for use of the participants and staff. Relaxation in the form of games, radio and television, live instrumental music and singing are often welcomed by those in attendance. Individuals will respond in different ways to change-of-pace activities, but nearly all seem to require provision for them from time to time throughout the sessions.

From the above discussion, one should not infer that the only place where a successful program in continuing education can take place is in an isolated resort hotel or university-owned conference site. The physical location is not of paramount importance, even though evidence does point toward its value. Primary factors which have even greater influence on success are the organization, the time involvement, the leadership provided, the nature of the participating group, the objectives and content. When clinical practice is one of the activities, easy access to clinical facilities may be a determining factor in choice of location. Consideration should be given to all areas where productive adult education occurs.

Some successful continuing education programs are being conducted in publicly and privately owned schools at times when regular classes are not in session. These buildings, with rooms designed for educative processes, can effectively serve the adult educator and learner. Space can be used that might otherwise remain idle until time for the usual class population to take over. Scientific and other specialized equipment is usually available. Visual aid apparatus and other teaching aids are already installed or can be obtained from a central storage center. With but little effort on the part of the planners, these buildings can frequently be made available.

The use of the aforementioned facilities does not exempt the planner from giving attention to the provision of an optimum environment for the learner. An effort should be made to arrange for independent study laboratories, library and programmed teaching materials. Such rooms offer opportunities for the learner to extend his classroom activities and enable him to exercise personal study habits and investigative aptitudes which may have been dormant. Ample provision should also be made for rooms for small group discussions, as well as for individual conferences and counseling activities. As an aid to relaxation in this rather formal setting, it is usually possible to set up a coffee bar or dispensing machines which make refreshments easy to obtain.

With increased interest in continuing education, colleges and universities are incorporating facilities for such education into the program for campus construction. As buildings are reconstructed or built, provision is being made for the express purpose of housing continuing education activities. Pybos describes a center which is composed of a complex of buildings that have been constructed to maintain continuity of form and self-sufficiency.[3] The lounges and living rooms have been planned so that they are convenient and inviting. By means of clever architectural planning, individuals are encouraged to gather into informal groups. Meeting rooms have been planned to be in close proximity to living facilities. They are multipurpose in function and show how excellent planning can make for maximum usage of a structure. Furthermore, during the initial planning and construction of these buildings, care was taken to install audio-visual equipment and conduits to meet the qualitative standards of higher education.

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[1] Robert H. Snow, "Educational Experiences in a Sylvan Setting," *Adult Leadership*, October 1965, p. 147.

[2] M. D. Pybos, "More than a Hotel," *Adult Leadership*, June 1961, p. 43.

[3] *Ibid.*, p. 44.

CHAPTER VI

CONSULTATION PROCESS

Consultation is a two-way process in which the giving and receiving of help with a professional problem occurs in a professional relationship. The client is the person or persons with whom the consultant works directly. The consultant is the person or small group that gives help to the client. Ideally, consultation is initiated by the client in seeking assistance or information with a view to making a decision and taking action. Such consultation is an interactive process in which the client has the opportunity to present problems and questions for joint exploration, and to seek information, opinion or direction on the basis of the consultant's experiences.

Together the consultant and client select ideas pertinent to the problem, the situation, and the people involved; explore alternative actions; and select action on the basis of the experience of both parties. The client is free to choose from among alternatives and to carry out a plan of action. This is voluntary taking of help with a professional problem. There is mutual recognition of competence on the part of both individuals.

Unsolicited consultation may induce anxiety and tension in a client, and may be expressed in resistance to change, or in other forms of nonfunctional behavior. Unsolicited consultation most often occurs when an administrator employs or assigns a consultant without the prior knowledge or involvement of the client.

The Role of the Consultant

The consultation process has two major aspects: (1) the work on the solution of the problem; and (2) the relationship between the consultant and the client. The consultant is in a helping role and enters the situation because of his role in the organization or because he possesses specialized knowledge. Therefore, to achieve an effective consultative relationship it is essential that the consultant develop skills that will be viewed as helpful by the client.

A helpful relationship is one in which the consultant helps the client to see that he, the consultant, can not solve the problem for the client, accepts the problem matter-of-factly, gives encouragement for continued work on the problem, aids in finding the confusions in thinking, helps to diagnose the problem through strategic questioning, and helps to set up criteria for testing ideas about solving the problem.

In this climate three things can be expected to happen: (1) the client maintains his own personal integrity and self-respect; (2) the client's motivation to continue work on the problem is increased; and (3) he develops a strengthened confidence in his ability to cope with difficulties.

The consultant must be first of all a "background sharer." He must be willing and able to clearly and concisely describe his mission, goals, and methodology. Once this is accomplished and understanding tested, he then must become, as appropriate, an active listener, a fact or opinion requester, a clarifier, a summarizer, a tester, or a suggester and recommender.

The consultant has a background of knowledge and experience which is used as a resource and volunteered at appropriate times. He must know when technical advice or process interventions are required and have the ability to move along this continuum freely.

One kind of role behavior that is difficult to describe and perhaps even more difficult to practice is that of supportive confrontation. When the consultant finds data that the client should hear, but which have personal negative implications, it is important that these data be shared quite directly with no sense of condemnation or rejection, but rather with evidence of understanding and acceptance of the client as a person.

The Purpose of Consultation is to Bring About Change and Growth

Meaningful, persistent change is always a function of the autonomy of the client. Change is a function of joint understanding of the problem and the goals. This joint understanding is essential if action is to be related to the reality of the problem. The client is seeking professional advice and information for self, for staff, or for program. The client expects to learn and benefit from the experience of the consultant who has been selected because of broad pertinent knowledge and experience. The consultant shares his knowledge, skill, and experience in the specific situation to the end that planning can be done and action taken. The client must be willing to trust the problem to the consultant and be willing to share the current status of the problem, goals, ideas for program, use of methods, and resources, both personal and material. The client must be willing to change behavior, policy, or organizational structure; be willing to be influenced to change; and be willing to maintain a relationship sufficiently long to produce positive outcomes. The image of the client is that of a competent professional person with emotional security and sufficient self-esteem to react to the problem without undue concern, knowing where he stands and where he wants to go. The questions he asks of himself are:

Where do I wish to go?
What are the best ways to do this?
What knowledge, skill, and resources do I need?
Which ones are needed for the job?
Who are the people who can help me?
What are the problems or barriers to progress?

The Importance of Relationships

The consultant-client relationship is always a personal one involving trust and confidence. The client respects the consultant, is open and willing to listen and to trust the problem to the consultant, is willing to consider suggestions and to get the necessary data, is able to recognize at least some of the confusion in thinking about the problem, and is willing to try out ideas and to modify them for a particular setting. It is important that both client and consultant work to create favorable conditions and a permissive climate where feedback is possible.

An effective working relationship requires time to develop a method of working together, of sharing data, and of recognizing and accommodating different points of view and different attitudes. This working together needs to be in a milieu of acceptance, mutual respect, and trust. In such a milieu, it is safe for the client to share feelings as well as ideas. It is safe to seek knowledge and advice. The consultant's attitude of wanting to understand enables both parties to benefit from the exchange. The relationship is one in which learning, growth, and change can take place.

The processes of the relationship include other people, actions, and situations. These are interdependent and have to be viewed in relationship to one another. For effectiveness, time is needed to permit exploration without pressure, and the development of a relationship to effect understanding communication. For the purpose of insuring congruent perceptions, problems must be clearly and concisely defined during the process.

Process Derives from Needs

Consultation works most effectively if it derives from the perceived real needs of the client, needs which vary. At the beginning of a consultative relationship, there are a number of feelings and attitudes which the person seeking help is likely to reveal. He may question whether the consultant can really understand his problems. He may feel some resistance to having to make a change which he thinks will threaten his status quo, or he may be interested and curious and relish the exploration. He may feel uncertain about the consultant's role, his authority. He may be impatient for quick solutions.

Role confusion is usually present at the beginning of any consultation. It becomes clarified as the consultant and client explore frankly and honestly their expectations of role relationships, their mutual recognition that the problem is the client's, and that the consultant's role is only a helping or supportive one. At times there is a need for sharing ideas and problems, or of discussing a problem from as many points of view as possible. At other times there is a need to develop a method of analysis so that facts and opinions can be brought together to form assumptions and to furnish a basis for attack upon the problem, to change a course of action, and to establish beginning and end points. In another situation the client may need only emotional support.

Defining the Problem

In beginning to work on a problem, it is important that both the consultant and the client be aware of the various phases of working together in the process of solving the problem. The first phase is the definition of the problem. In this phase the client's statement of the problem and consultant's perception of it emerge, and together the client and consultant develop a working statement and attainable goals. A second phase is that of collection of data.

Collecting Data

One assumption that a consultant can make is that the client either does not possess all the data necessary to problem solution, or possesses the data but is blocked for some other reason. If the former is the case, the consultant needs to initiate the further collection of data by available personnel within the organization through interviews with key persons who may be able to provide additional objective data. Alternatively, a self-implemented survey or analysis may be used in which the person to be helped is given methodological assistance in looking at the problem. Only data that can be used should be collected; no confidential or secret data. Such a ground rule has the effect of not bringing into the public domain some information which might better be kept private. It has the further advantage of not loading the consultant with unusable information.

It has the disadvantage of not permitting a catharsis when that may be quite important to an individual. This disadvantage may best be resolved by setting aside a secret issue until it can be dealt with as a separate matter, either as an organizationally sponsored counseling effort or one privately arranged between the consultant and the client. Once such a contact is established, however, the information must be held in confidence unless the client agrees that it can be revealed.

A set of guidelines or plans for moving toward the solution of the problem is worked out by both parties. The plan includes agreements concerning the decision-making process and ways to select actions which will move the program in the desired direction.

Synthesizing Data and Formulating Hypotheses

When the available pertinent data have been collected, they must be reviewed, synthesized, and used as the basis for the formulation of a set of hypotheses. These data should then be shared with all the persons who have contributed data. Such a sharing is most helpful if from it there can be a definite formulation of next action steps. At this stage, the consultant can offer valuable assistance in the form of suggestions based upon his perception of the ways other organizations have dealt with similar situations. Such suggestions may indicate a clear cut course of action, or form the basis for a group evaluation of a new or revised approach.

Issues Involved

Commitment of both consultant and client to goals and actions to achieve the goals is necessary if effective action is to result. The consultant and the client are participants in the decision-making process. Together they decide upon a course of action. However, the client has the responsibility for the final decision and for carrying out the decision. The data or the hypotheses derived by the consultant should be shared with the client to permit ventilation of any negative feelings or anxieties and to allow them to work these through together.

Alternative Actions

It is helpful to have a number of action alternatives for testing. Most issues that involve the relationships of a person or persons to each other and their work are of great complexity, and to treat them as unidimensional or subject to one easy solution is short-sighted. The consultant may suggest using outside experience or procedures for working on the problem, such as ways of evaluating, new communications procedures, or new training methods. He may create special situations where people can jointly explore their relationships in an environment different from the work setting, or he may meet with strategic personnel and offer some alternative possibilities for bringing about change.

When a course of action has been selected, it is important that the action plan contain all of the ingredients that encourage realistic behavior. The *what, who, how,* and *when* of the action must be clearly and specifically spelled out and understood *and accepted* by all involved.

Because the client often has an urgent action orientation, the consultant can be most useful if he serves as a conscience for the client, not permitting specific assignments to be overlooked, nor misunderstandings or resistances to be glossed over.

Follow-up

An important aspect of the action plan is the inclusion of a provision for periodic follow-up and evaluation. Such a feedback system helps to insure that action remains goal-oriented, and also helps to signal when revision is appropriate.

Through the establishment of a plan for continued support and growth through follow-up consultation, both participants gain in competence. The interrelations between the consultant and client result in a cross-fertilization that breeds new ideas and new plans for action.

CHAPTER VII

FINANCIAL RESOURCES AND BUDGET

More than lip service is necessary from a university school of nursing if the continuing education services of the school are to flourish. Continuing education in nursing is of such importance that to a certain extent the progress of nursing hinges on the continuing education of nurse practitioners. This should lead college and university schools of nursing to accept responsibility for the continuing education of nurses as a normal and necessary part of their educational system.

It is the responsibility of those who believe firmly in continuing education for nurses to work to insure sound financial policies for this type of education. What will lead to a sound financial policy for continuing education in nursing? Who will pay the costs? Very little research has been done on the cost of continuing education, but it is known to be expensive. There is need for a creative attack on the problem of economics.[1]

Continuing education frequently does not receive adequate financial support. Attitudes toward education and behavior of those in control of the finances of a university, of a school, or of a college of nursing affect attitude and behavior toward financing continuing education. Thought must be given to ways of making continuing education better known and more favorably known. This in itself would attract financial assistance.

Traditionally, the support of education in the United States has been primarily the responsibility of states, localities, private citizens and, in the case of nursing education, of hospitals. The university has made a place for the generic and graduate education of nurses and is now in a position to accept the financing of continuing education as a permanent item in its annual budget. John Gardner has said that continuing education will develop at a rapid pace, no matter what colleges and universities do. If colleges and universities ignore the responsibility, the leadership will pass from their hands into the private sector.[2]

In the past five years, the federal government's support of continuing education programs in nursing (short-term training) has grown rapidly. Today it is possible to apply for a short-term training grant from any one of several divisions of the Public Health Service, Department of Health, Education, and Welfare, as well as from private foundations such as: W. K. Kellogg Foundation, Carnegie Foundation, Ford Foundation, and Rockefeller Foundation. The Adult Education Act of 1966, called the Hartke Bill, also makes it possible for adult educators to apply for financial aid to plan and actuate continuing education programs, with some local matching funds.

The Economic Opportunity Act (Title 11B) and the Vocational Act also have made available funds for specific types of training. The Community Planning Act also offers funds for training projects in the health field. Regional Medical Programs in Heart, Cancer, Stroke, and Related Diseases are an additional resource.

The purpose of federal training grants, training and demonstration projects, and contract projects is to assist graduate nurses to update their knowledge and skills in teaching, administration, supervision and nursing specialties. The short-term courses provide a means by which nurses who are unable to undertake longer periods of full-time academic study may gain skills and understanding of new developments in patient care and in community health practices. These programs often offer training to nurse participants for a specific area such as the coronary nursing care unit or intensive care unit or a nursing specialty.

In most areas there are funds available on the state level from tax supported agencies such as the State Department of Public Health, or from voluntary agencies such as the Heart Association, Cancer Society, and Mental Health Association. State nursing organizations often assist in the funding of specific continuing education courses. Local private agencies, such as hospital associations and nursing home associations, are willing to assist with training programs which meet their specific criteria or needs.

Sources of Revenue for Continuing Education in Nursing

When planning the financing of a continuing education program in nursing, the following questions should be answered:

1. How much revenue is needed?
2. What is the ability of the participants to pay?
3. What forms of financing can be found that will not compete with other members of the educational family?
4. Will the chosen form of financing adversely affect the quality and integrity of the education provided?
5. How much of the revenue should be paid by the participants, how much by the school of nursing, how much from taxes or other funds?

A basic staff, including a faculty coordinator, a program specialist, and a secretary, should be the minimal charge to the regular annual budget of the school of nursing or university. The regular budget should normally cover also equipment, office space, conference areas, and the upkeep of such space. If the continuing education service of a school is a large one and expanding, other staff members and secretaries may be necessary, but their salaries may well come from earned income, federal grants, or money from foundations. Continuing education programs are more successful when the entire faculty lends support and is willing to give time to the program.

Some of the financial support for continuing education will come from fees charged the participants in the workshops and intensive courses. These fees or tuition charges should be determined by the university or college and should be in line with other fees and tuition charges of the educational institution.

Financing through tuition is a useful and widely used procedure and should constitute a part of the financial plan. Nurses should be expected to contribute financially to their own education. The institutions which employ the participants, may, as in industry, contribute to staff- and self-development of employees. Often the employing institution may pay the transportation costs of participants or in other ways support an activity which then becomes a cooperative venture. People who have accepted the philosophy of life-long learning do not expect the continuing education services to "return a profit," nor justify continuing education because it makes money for the school of nursing, college, or university.

Quality of education must be maintained in all courses, and it would appear to be a sound practice to spread the cost over a range of activities more or less equal in value but uneven in cost. If one general revolving fund is created for tuition and fees, it is a small matter of bookkeeping to spread the costs. A general fund of this type also gives the continuing education services some "seed" money on which to begin work on other courses.

Grant and Contract Income

Grant funds from the federal government or from private foundations and associations have become such an important resource for continuing education that skill in obtaining and administering such grants is a primary asset to the director of continuing education. He must be familiar with the policies and purposes of the particular government division or private foundation to which a grant request is to be presented. He must gain skill in developing and writing requests not only to government agencies but to top administration in the school of nursing, the university, and the university continuing education services. These administrative officials also are interested in needs, objectives, and costs of proposed programs, and demand justification of budget items.

The preliminary data gathering and thinking through of the need for, purpose, objectives, and content evaluation of a specific training program are probably the most time-consuming portions of the writing of a grant proposal. If these steps have been purposefully and carefully completed, the actual writing of the grant proposal itself becomes much easier. The authors cannot stress too strongly the need to realize that a great deal of staff time is necessary for writing grant requests. This staff load must be compensated for and planned for.

The justification of the need for a continuing education course probably poses the most difficult task. The data necessary for the justification of the need for the course may be secured from the nurses who will be the participants, from state boards of nursing, from reports and records of the state health department, from other health agencies within the community, and from the advisory committees to the university continuing education services. The personnel of the regional office of the U. S. Department of Health, Education, and Welfare are willing to assist early in the planning stage of a grant proposal and will act as consultants.

The course purposes, objectives, and content should focus on the kind of criteria specified in the guidelines of the specific division or foundation. For instance, the content of a grant proposal to be submitted to the Nursing Division of the Bureau of Health Manpower should focus on ways in which a nurse can improve her performance as a teacher, administrator, supervisor, head nurse, or senior public health nurse. Emphasis should be given to the development of a few selected skills in teaching nurses, in the management of patient care, or in gaining competence in clinical specialties. Courses focusing on clinical content should afford opportunity for practice in patient care. It is important that the relationship of the proposed course to other courses sponsored by agencies in the same geographic area be stated clearly.[3]

A training grant proposal is evaluated on the basis of the information presented, the competence of the faculty conducting the course, how well the purposes, objectives, and description of the content are related to one another, and the apparent quality and adequacy of the teaching-learning activities and facilities.

An effective and realistic plan of evaluation of the course by the faculty members and the participants must also be described in the grant proposal. There are several evaluation tools already developed which lend themselves to continuing education courses.

Budgets for Specific Courses

Several factors will affect the financial budget needed to carry on an actual or proposed program. These factors are: (1) the nature or extent of the program, (2) the number of participants involved, (3) the number of services, and (4) the number and type of resource persons.

The costs of an intensive course may be divided into two categories, (1) fixed costs and (2) variable costs. For example, fixed costs include those of a resource person. The fees for a resource person are usually the same whether the course has 20 or 60 registrants. Such items as larger conference areas, two or three additional group leaders, and two or three more small group rooms add an increment of expense for the larger group. Consultant fees, travel and housing costs for consultants to the program are large items in the budget of an intensive course. If the course is held off-campus at a resort or cultural island, another item for consideration is the housing of the staff and conference leader. Staff rooms and meeting rooms must be included in the budget.

The type of program, content, length, kind of resource persons, amount of planning, preparation of materials, and publicity necessary need to be considered when a budget is being formulated. The preparation of a tentative budget for a specific course is influenced by the projected income. Still there are certain items which are present in every budget. These include secretarial assistance, mailing, supplies, teaching materials, printing, publicity, bookkeeping costs, expenses and consultation fees for resource persons and group leaders, expenses of a conference coordinator, and telephone calls.

It has been estimated that, for a one-week conference, a secretary will need 80 working hours to complete all the necessary secretarial work. This includes social and housing requests and arrangements, compiling a brochure, all preconference and postconference mailing and correspondence, typing of speeches and final reports.

Tuition of fee-funded conferences takes bookkeeping time of approximately eight hours for a conference week. If the continuing education course is grant-sponsored, a bookkeeper's time is estimated at 24 hours for a five-day conference. The additional work will include typing traineeship appointments, issuing stipend checks, keeping financial records of expenditures and receipts of the conference, and the making of a final financial report. Especially in contract and grant projects, the budgets are itemized into direct and indirect costs, and each item must be specified according to the budget directions which come with the guidelines of the grant.

In a short-term traineeship grant proposal, the budget encompasses tuition and stipend fees. The tuition sum then becomes the amount which can be charged to the grant for the planning, designing, and conducting of that particular course.

Following are two examples of budgets, one for a single conference and one for a series of projects. Cost figures for such budgets vary with the region and the program planned.

SAMPLE TENTATIVE BUDGET OF A CONFERENCE FUNDED BY TUITION PAID EITHER BY PARTICIPANTS OR BY A SHORT-TERM TRAINEESHIP GRANT

ONE WEEK

TUITION ______ PARTICIPANTS ______ INCOME ______

Secretarial assistance
  Two weeks at ______ ______

Bookkeeping assistance
  3 days or 24 hours ______
  (Short-term traineeship)
  (8 hours if tuition is paid by participants) ______

Printing: brochures, supplies, mimeographing ______

Teaching materials, offset, books ______

Special materials, further printing costs ______

Consultation fees
  (Number of days) ______

Expenses of consultant
  (Number of days) ______
  Travel of consultant ______

Expenses of conference coordinator ______

Total ______

SAMPLE PROPOSED BUDGET FOR A SERIES OF SHORT-TERM PROJECTS

I. PROJECT FUNDS:

A. PERSONAL SERVICES (SECTION II) .... ________

B. OTHER THAN PERSONAL SERVICES (SECTION III) .... ________

C. TOTAL (A AND B ABOVE) .... ________

D. OVERHEAD .... ________

E. FELLOWSHIPS/TRAINEESHIPS, EQUIPMENT, OTHER (SECTION IV) .... ________

F. TOTAL (C, D, AND E ABOVE) .... ________

II. PERSONAL SERVICES

Item No.	Per-cent Time	Title-Classification Incumbent	Annual Salary at Full Time	No. Mos. Budg.	Project Funds	Other Funds Specify Source
1	10	Project Director	______	12	______	______
2	100	Conference Coord.	______	12	______	______
3	100	Secretary I	______	12	______	______
4	100	Instructor	______	9	______	______
5		Nurse Specialists			______	
		Consultants			______	
		Lecturer Fees			______	
		Honorarium for Conference Leaders			______	
EMPLOYEE BENEFITS (RETIREMENT, SOCIAL SECURITY, INSURANCE)					______	
				Total	______	
TOTAL SECTION II						

III. OTHER THAN PERSONAL SERVICES

Item No.	Type	Amount Budgeted	Other Funds
		Project Funds	Specify Source
1	Travel expenses, transportation, meals, housing	______	______
2	Telephone, telegraph, telelectures	______	______
3	Mimeograph, office supplies, printing	______	______
4	Mailing	______	______
TOTAL SECTION III			

IV. FELLOWSHIPS/TRAINEESHIPS, EQUIPMENT, OTHER NON OVERHEAD ITEMS

Item No.	Item	Amount budgeted	
		Project Funds	Other Funds Specify Source
1	Title of Course Tuition, 30 Nurses at $______, and 12 Physicians at $______	______	______
2	Stipends, 25 nurses at $______ a day for 26 days	______	______
3	Title of Workshop Stipends, 40 Nurses at $______ a day for 5 days	______	______
4	Title of Workshop Stipends, 30 nurses at $______ a day for 12 days	______	______
5	Title of Workshop Stipends, 30 nurses at $______ a day for 12 days	______	______
TOTAL SECTION IV			

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[1] J. R. Kidd. *Financing Continuing Education.* New York: Scarecrow Press, Inc., 1962, p. 210.

[2] John Gardner. *Self Renewal.* New York: Harper and Row Publishers, 1967, p. 138.

[3] Public Health Service. *Professional Nurse Traineeship Program Guidelines on Grants for Short-term Training.* Washington, D.C.: U.S. Department of Health, Education, and Welfare, Public Health Service, June 1966.

CHAPTER VIII

PUBLICITY AND RECRUITMENT

The success of any educational program depends in part upon public interest and appreciation. The forces of public opinion influence the form and shape of the social environment and the activities that produce progress. An organization needs to provide the public from time to time with information and interpretations which will clarify for others its principles, policies, and activities, and thus influence the environment. An effective public relations program provides the medium through which information and interpretation can be communicated.

> Public relations is the management function which evaluates public attitudes, identifies the policies and procedures of an individual or organization with the public interest, and executes a program of action to earn public understanding and acceptance.[1]

To carry out their public relations services, educational institutions have come to rely on well-prepared career people. The public relations department with a dynamic plan of action can be relied upon to attract attention, to win belief, and to impart understanding.

If the budget does not permit a public information officer, the director of a continuing education department should become thoroughly acquainted with the public relations department of the university. The scope of this department's activities, the variety of available services, and its policies need to be known. With these in mind, the director of continuing education can make use of skills, facilities, and media peculiar to the public relations department.

Interdepartmental relations that produce understanding and cooperative action are of great importance. For that reason, a careful interpretation of the needs of continuing education is the responsibility of the one requesting assistance. In turn, the public relations people are able to define the special services they have to offer. Concerted, cooperative effort allows both to attain their goals and to provide the public with information which is pertinent, accurate, and interesting. Sometimes a department can well afford to underwrite partial salary of a university public information editor.

It is possible that many groups involved with continuing education for nurses will not have access to a professional public relations staff or consultant. In this case, it becomes necessary for those involved with program production to learn the scope of public relations programs and recognize that, with study and practice, some success in this area can be achieved. Such newcomers to the field of public relations will come to realize that public relations represent the sum of many small activities that must be well done and continuously done.

The one who becomes responsible for this aspect of program-planning becomes increasingly aware of practices that will better the impressions received by the public. Recognition comes that many of the skills to be developed are tempered by the application of good common sense and courtesy. A sensitivity will be developed to the many facets of good relationships. Formal and informal techniques of research will provide information essential to the program.

Relationships that exist between the organization and the potential participants, the employing agencies, and other cooperating "publics" may need to be analyzed. Surveys may need to be made to determine needs for generalized or specialized course content. Various sets of mailing lists will need to be made available for messages. The investigative aspects of public relations, properly accomplished, yield much data which can guide courses of action. Research will often produce the necessary "feedback" concerning the outcomes of program offerings—data which are valuable for program evaluation, progress, and improvement.

One phase of the public relations program includes the development of several channels of communication. The medium through which the message is transmitted to the public should be carefully chosen and should be the most effective means at hand. Communications are vital, and they are swift and often irreversible. Messages can rarely be recalled. Corrections never catch up completely with an error or item of misinformation. Thoughtful initial preparation of a message is the key to success.

Person-to-person contact is of prime importance in the transmission of messages. Decision-makers, associations, organizations, future students, agencies, and all possible clients must recognize that the needs and interests of the individual or organization are being given serious consideration. In a continuing education program, personal contacts will range in nature through letters, visits, personal calls, meetings, and conferences. Each of these can be planned to provide content that is vital to the institution, the program, and participants.

At times a program director may wish to use advertising as a form of communication. This involves the paid use of mass media and is accomplished by the purchase of space for the presentation of a message. This form of communication may also include the production of booklets, brochures, journals, and reports.

It is often impracticable to meet the public personally at the time a message needs to be received. Mass media publicity can be used in furnishing news, feature stories, and pictures that have excellent reader and listener interest to newspapers, radio, and television. It is important for the individual or group responsible for publicity to understand the techniques of news media. Knowledge of a publicity outlet's date and time deadlines is essential. Sunday editions and weekly publications usually have deadlines which differ from those of daily papers. Professional journals and magazines vary as to date of publication.

The radio has long been a rival to the newspaper in the dissemination of news. A competent publicity person will learn to know radio outlets and will recognize story content which might be attractive to persons living within the station's area of reception. Radio stations constantly seek out good materials from schools, colleges, and other educational organizations. Beginning with spot announcements of program offerings, the presentations may range from round-table discussions, interviews, and forum groups to conventions and conferences. Bringing a microphone to a meeting room may require only the preparation involved with notification of the station's program manager far enough in advance to allow for proper scheduling. Here again, the effectiveness of an offering may depend upon the extent of the audience. One may need to become involved with promotional methods to inform the public ahead of time that a special program is going to be aired at a specific date and time. A station will appreciate your assistance in working up an audience. There must be a certain verbal color that presents good radio copy to the listener. One must always try to have the copy noteworthy, alive, and timely. Station staff may be persuaded to write the copy in acceptable form from the information given to them.

Television has developed rapidly into a significant news medium and has a wide range of usefulness in serving education. The continuing education director can frequently use TV for program promotion and program production since all TV stations must program a certain percentage of time in "public service."

Because television is essentially a visual medium, the publicity director needs to be highly selective of materials offered as being newsworthy. Each locally produced TV news program is unique in its format, its content, and the preferences of its public. Consequently those seeking coverage must learn to know the types of stories that are preferred by the program directors. The release of a story on TV carries excellent publicity value. Interviews, news items, and educational programs are but a few of the possibilities. One can become better prepared for this aspect of publicity by visiting studios, learning to know the production personnel, and attending workshops and courses in television techniques. The same rules that are considered important for personal contacts for newspapers and radio are pertinent to TV. One should consider the timing and keep well in advance of the activity being publicized. Requests should be reasonable and courteous. Assistance and appreciation should be generously given.

There are times when stories are best told in print in the form of booklets, brochures, reports, handbooks, programs, and folders. These serve in a variety of ways. Some are planned to inform, others to influence, some to advertise, and some to entertain. Whatever the function, care must be exercised in the creation of these forms of publicity. Careful planning is required for optimal success. The script must be highly readable.

There is a certain artistry needed for layout production. Budgeting for typography and layout assistance pays off. As the dummy form of the project is being set up, the printer may be able to offer guidance by suggesting costs, kinds of paper available, printing styles, color combinations, and folds. He can recommend the use and types of illustration best fitted for the booklet. When the layout is complete, it can be used as a blueprint by the printer .

It is difficult for the novice to ascertain just how much effort spent on public relations is enough. A rule of thumb, and only a rough one, is that ten percent of the budget should be reserved for publicity and recruitment. A willingness to experiment and to learn from experience should in time produce a satisfactory and effective program of public relations.

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[1] Benjamin Fine. *Educational Publicity*. New York: Harper and Brothers Publishers, 1953, p. 18.

CHAPTER IX

CONTINUING EDUCATION IN ACTION

One of the most successful examples of the workshop in continuing education known to the authors is the series conducted from 1957 to the present by members of the Continuing Education Seminar of the Western Council on Higher Education for Nursing (WCHEN), one of the councils in the Western Interstate Commission for Higher Education (WICHE). The seminar members received their initial experience in designing and administering continuing education programs in nursing through a leadership development program under the sponsorship of WCHEN.

The WCHEN charter of 1957 provided for four seminars: Continuing Education, Undergraduate Education, Graduate Education, and Research.[1] The Continuing Education Seminar had as its primary responsibility developing and coordinating a regional approach to continuing education for nurses in leadership positions. Financed from 1957 to 1960 by the W. K. Kellogg Foundation, the continuing education design developed was that of one-week conferences separated by three-to-six month intervals throughout a period of three years. For the most part, the same participants attended the complete series of sessions and received consultation visits in their individual work settings in the intervals between sessions.

In 1960, funds from the Division of Nursing, Bureau of Health Manpower, United States Public Health Service, made possible an expanded continuing education program in leadership development with seven (and later eight) western universities assuming primary responsibility.

From experience with the W. K. Kellogg Foundation pilot project of 1957 to 1960, there emerged a unanimous opinion among staff members and participants, and among others who had been intimately involved, that the pattern developed was highly workable and that the program should, if possible, be developed on a state or subregional level in order to make continuing education available to more nurses, to spread the responsibility to a larger number of institutions of higher learning, and to reduce travel and other expenses. In order to attend one subregional conference some participants in the first series made round trips of more than 1,500 miles. To equalize this burden, some of the conference groups met in different locations within the region for successive conferences.

Encouraged by the success of the original series, the Western Council on Higher Education for Nursing prepared a proposal for a regional continuing education project and secured a grant under the Professional Nurse Traineeship Program of the Public Health Service (Title VII, Public Law 102).

The request was made through WICHE and the funds granted to WICHE to be administered for the western region. This procedure is cited as an example of a desirable federal-regional relationship in which nursing has taken the lead.

The program for this second project was conceived in two steps. Step I provided for a series of four annual conferences to assist faculty and staff members from each area offering the Step II series to work together, make plans for the conferences, and to develop into more effective conference leaders. Step I was a central training course which focused on leadership in the planning and conducting of continuing education courses in the seven subregions. The participants in Step I were the core committee members in each subregion from the pilot project, 1957-1960, and the nurses who served as directors of the Step II courses. Most of these nurses continued on the planning teams of the seven subregions for the next four years. Following is a brief description of the two phases.

Model of 1960-1964
CONTINUING EDUCATION PROGRAM

Step I
Central Training Course

Step II
Subregional Courses

University of Arizona	**University of California Los Angeles**	**University of California San Francisco**	**University of Washington** **University of Oregon (alternating primary responsibility)**	**University of Colorado**	**University of Utah**	**Montana State University**

Each of the colleges and universities listed for the subregional courses carried primary responsibility. Others provided faculty members who served as staff for the subregion. Provision was made for cooperative participation of nurses in the entire West. Each school or service agency in the West could choose to participate in one of the regional courses.

Step I
Central Training Course

This course focused on leadership in planning and conducting continuing education courses in subregions of the West, and helped develop the detailed content of the regional courses. Fifty recognized leaders representing colleges and universities cooperating in the continuing education program, together with nursing service personnel from health agencies, attended the central training course. The first two-week session was held in June, 1960, and was *prior* to the first subregional courses. Additional five-day training conferences were held annually for the next three years.

Step II
Subregional Courses

Each of eight of the universities conducted three five-day sessions each year for the same participants. One university conducted two two-week sessions each year for the same participants. Nurses who participated in Step I were responsible for planning and conducting these regional continuing education courses for nurses in teaching, supervisory, and administrative positions in western institutions. To enroll, the individual nurse agreed to participate in the entire course. The course ordinarily was for two years and was repeated for a different group in the third and fourth years.

In 1962, a group of nurses representing the University of Hawaii joined the Step I Central Training Course, and in the fall of 1962 they initiated a subregional course for the nurses of Hawaii. At the time of publication of this book, over 2,000 nurses had participated in the Step II courses.

There were four phases of the Step I series. The first Step I session was held in June, 1960, at the University of California, Santa Barbara, and was two weeks in length. Program design, mechanics of conference design, organizational structure, and personal performance were the subjects discussed in this two-week period. The nurse participants of Step I experienced sensitivity training and group process as part of their orientation as training teams.[2]

The second session of the Central Training Course was conducted on the University of California campus at Santa Barbara in June, 1961. This conference was designed so that the group was engaged in two major types of activities: (1) simulation sessions pertinent to facets of the consultation process; and (2) theory sessions relative to the process of consultation.

Tahoe Alumni Center of the University of California at Berkeley was the setting for the third Step I conference in June, 1962. The theme of this conference was the evaluation process. The conference was designed so that the Step I participants were engaged in three major types of activities: (1) theory sessions relevant to the conference theme; (2) cross-regional group meetings focused upon approaches to measurement; and (3) subregional team planning group meetings relative to Step II conference-planning for the final two years of the project.[3]

The fourth session of the Step I series was held at the University of California, Santa Barbara, in June, 1963. This final conference was designed to assist the nurse leaders to increase their knowledge and skills in the teaching-learning process. The team planners were given the opportunity to identify, implement, and assess effective learning experiences for intensive courses designed to improve the teaching and administrative skills of the participants in the Step II series.

The kind of central training design presented in this project proved to be so useful to the Step I regional planning teams that the same design was continued in the leadership series and carried over into many of the other programs and intensive courses conducted by the authors in their various subregions. In essence, the staff of any conference or intensive course is trained in sensitivity group process and conference design before they attempt to administer a conference or intensive course.

Step II was undertaken by seven institutions in most of which the plan covered a two-year period and provided for a series of three five-day conferences annually for two years. The eighth university used an alternative pattern, which presented similar content in two two-week conferences within a period of one year. After the end of each one- or two-year period, the series was repeated for new participant groups.

The leadership development series included consultation service to participants between conferences and included a plan for evaluation. The project budget provided per diem living expenses for nurses who had to live away from home in order to attend, but each participant or his employing institution was responsible for travel expenses.

It was the responsibility of the program staff to develop the objectives for each specific program according to the overall objectives of the series and the needs of the participants. Each staff member had specific responsibilities in the designing and conducting of a program. Suggestions for choices of resource persons were also a function of the program staff, with the director of the program making the final choice. The quality of resource persons is important, and the educational background and experience of such personnel were required to meet the academic standards of the university, as well as the needs of the program and of the participants.

The overall objective of the leadership development program for nurses was to upgrade the abilities, knowledge, and skills of nurses in leadership positions in the western states. Programs in all subregions were similar in content and emphasized current nursing problems and the nurse's role in bringing about changes which result in more effective nursing care.

The assumption of the authors, who were also the conference directors in Step II, was that effective nurse leaders tend to create a climate in which high quality nursing care is provided. It was further assumed that a nurse leader must have ability in three basic areas: (1) technical knowledge of current nursing practices and knowledge of current nursing research; (2) administrative ability in organizing tasks and working effectively with people; and (3) knowledge of self, of one's impact on others, and of how to be a change agent.[4]

These assumptions, the needs of the participants, and understanding of the environment in which the participants worked were pertinent to the development of the content presented in the leadership program. Such topics as the following provided content:

Understanding of Self and Others
The Social Systems with which Nurses Work

Interpersonal Relationships with Patients and Coworkers
Communication Skills
Teaching-Learning Process
Interviewing and Counseling
Administration and Supervision
Nursing Care of Patients

The selection and sequence of learning experiences differed from subregion to subregion, but all regions covered essentially the same content. Although methods varied, all subregions placed emphasis on small group activities. A variety of methods were used in each region. Short lectures, followed by discussion in small groups, were most commonly used. Several universities used the Training Group Method (T-group) as a technique for making personal applications of new information and skills.

The T-group is a method designed to promote personal growth. It focuses on individual and group behavior, awareness of self, and social processes. The goal is to help members become more aware of how they affect others and how others affect them, both consciously and unconsciously.

Emphasis on developing creativity revealed hidden talents among the participants. This emphasis stressed use of creative approaches to problem-solving.

Each subregional program included conferences and clinical experiences with patients, and this provided an opportunity for participants to analyze observations and interactions. A wide range of reference materials and case materials was offered to participants.[5]

An effective part of this program design was the on-the-job consultation visit which was available to each participant. The participant asked for the consultation by submitting a request to the program director. The participants specified what the problem was for which consultation was requested. They could request a specific consultant. However, the director of the program made the final decision as to the appropriateness of the request, the availability of the person asked for, and other details. In planning for consultation, the participants were asked to: (1) attempt to write down a clear statement of the problem for which they were seeking help from a consultant; (2) formulate objectives for their on-the-job consultation visit; (3) answer the question "How can these objectives be accomplished?"; (4) answer the question "What need I tell the consultant relating to the problem?"; (5) answer the question "What can the consultant do to help?"; (6) list problems that might be involved or anticipated in a consultant's visit at their institution; and (7) list things to be done prior to the visit.

Recently, 120 consultation reports from the leadership program were analyzed. Sixty of the reports were made at the end of the first year, and 60 in the second year of the program. In the first year reports, the data recorded dealt primarily with the participants' self-concerns, problems in the work setting, reaction to the organization, and attitudes toward role and functions. Typical participant comments at this stage were:

> "I have no time for ward conferences, and they need them."
>
> "I have young nurses on the staff and they need help; the aides and the orderlies do, too."
>
> "Everyone is running . . . Nurses are busy all the time and frustrated because their work is never done. They go home tired and won't come back for meetings."
>
> "I don't plan to change, nor do I see any truth in what they are saying."

In the second year, the report content shifted to signs of change; changes in the participant's feeling of self-worth, growth, increasing ability to grapple with problems, and reports of accomplishments. During the second year, there was evidence of participants' movement in three areas: toward being people with more feeling, toward greater confidence, and toward deeper involvement. Participants were better able to think with the consultants and accept help; they were less judgmental; there was more self-disclosure; and they were less afraid of making their own decisions. Statements about themselves, their attitudes and beliefs, were made with more confidence; there was more recognition of self. The sources of judgment appeared to be internal. Participants had less need of dependence upon the opinions of others. They believed they were meeting their own standards.

In the second year, participants demonstrated more involvement with people; they were delegating more responsibilities; they were less concerned about being in control; they were able to create a climate of trust; they were less frightened about the individuality of others; and they were less quick to prejudge. They were more inclined to explore, more concerned with sharing, more able to give recognition to others, more spontaneous, and less programmed. Typical comments at this point in the program were:

> "I learned a lot from the group discussions."
>
> "I feel more at ease with staff and with my peers."

"I have more patience with patients and try to understand why they irritate me and the staff and what is causing their distress."

"I used to run the show. Now I let the group discuss and make decisions."

Evaluation of the Leadership Program

Evaluation was a continuing strand throughout the leadership courses. In addition to using some of the tools developed in the regional evaluation project, each region carried on its own program of evaluation. Various methods were used, such as diaries, process recordings, tapes, reaction sheets, participant satisfaction ratings, personnel relations surveys, Firo-B, Scale of Value, and specific ratings of achievement of course objectives by the participants.

Consultants who assisted in the on-the-job problem-solving process evaluated the progress of the participant at the time of the consultation visit. These consultants communicated their evaluations to the program director. Evaluations made six months to a year following the final session of a program often supplied valuable information relative to the design and content for future programs.

Aware of the tremendous need to find means of evaluating the effectiveness of their courses, the WCHEN continuing education seminar members undertook an ambitious research program. From 1962 to 1964, the authors were engaged in a regional research project which has been reported in the WICHE publication, *The Effectiveness of a Leadership Program in Nursing*. The major aim of the research was to investigate the effectiveness of the continuing education leadership program designed to improve the skills of nurses in administration, supervision, and teaching.[6] Although the research staff found the measurement of behavioral change in quantitative terms to be extremely difficult, the research project was valuable as an exploratory step. The magnitude and complexity of measuring the effectiveness of a program focused primarily on attitude change is a research problem which continues to concern the authors as a problem to be studied by many more research teams.

Outcomes of the Leadership Course

Many of the past participants in the leadership development courses are now group leaders in other continuing education programs or on planning staffs for such programs. Former course participants were recruited when vacancies occurred in the staffs of the various subregions.

Numerous projects, innovations, and changes have occurred in the nursing settings because of projects started by participants as a part of the leadership development program. Experience in the program led many of the participants to the decision to return to school for further education. Others have been promoted to new positions with increased leadership responsibility.

The impact of this continuing education series has been far-reaching. Many other areas of the nation, and other organizations which are initiating continuing education programs, are following the pattern presented in this example.

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[1] Pearl Parvin Coulter. *The Winds of Change*. Boulder, Colo.: Western Interstate Commission for Higher Education, 1963, 6. 27.

[2] Marjorie Snyder Dunlap. *Proceedings of Step I—Central Training Course*. Los Angeles, Calif.: University of California School of Nursing, 1962.

[3] *Ibid.*

[4] Alice E. Ingmire, *et al.* *Abstract of the Effectiveness of a Leadership Program in Nursing*. Boulder, Colo.: Western Interstate Commission for Higher Education, 1967, p. 3.

[5] *Ibid.*, p. 2.

[6] *Ibid.*

APPENDIX-A

RESPONSIBILITIES OF TEACHER OF CONTINUING EDUCATION COURSE

1. Shares the planning of the course with the chairman of Continuing Education in Nursing:
   Selection of faculty and resource staff, enrollment estimates, credit, requirements, publicity, facilities, and budget.
2. Submits to chairman of Continuing Education in Nursing:
   Course outline including: Title, credit, hours, faculty and resource staff by name and title, course description, objectives, unit outline, methods of teaching, and bibliography. If the course is offered for credit, approval by the Committee on Courses is required.
3. When course approval is received:
   Prepares from letter of invitation to special lecturers and resource staff members. The secretary in Continuing Education in Nursing will type and mail correspondence.
4. Lists required facilities and equipment including:
   Classroom, seminar rooms, living accommodations, eating facilities, blackboards, and projection equipment.
5. Lists special individuals or groups for publicity purposes.
6. Administers and teaches course:
   Checks daily attendance on class list;
   Affixes signature and grade on registration card for those taking the course for credit;
   For nurses desiring a certificate, the teacher indicates whether attendance was satisfactory for certification.
7. Prepares course report to submit to the chairman, Continuing Education in Nursing. The report shall include:
   - Title, dates, place
   - Description of course
   - Units
   - Faculty
   - Enrollment:
     - Number taking course for credit
     - Number taking course for certificate
   - Description of group
     - Age
     - Educational background
     - Experience
     - Present position
     - Length of time employed in position
   - Methods of teaching
   - Outline of course

Evaluation
  - Final examination date
  - Analysis of grades
  - Students' evaluation of class
  - Teachers' evaluation of class

8. Prepares form letters to accompany honorarium. The secretary in Continuing Education in Nursing will type and mail correspondence.

APPENDIX-B

CONFERENCE EQUIPMENT AND SUPPLIES CHECKLIST

CONFERENCE: ______________________________
DATES: ________________ LOCATION: ____________
COORDINATOR (S): __________________________

A trunk especially prepared for the purpose is available for transporting materials and supplies out of town.

OFFICE SUPPLIES

Erasers, gum, and typewriter
Exemption certificates
Expense vouchers
Folders for general use
Index cards, 3x5, 4x6, 5x8
Felt pens, 1 box for each group
Newsprint, 1 roll of 12 for each group
Paper Clips
Pencils (sharpened) and pens
Recording tapes (6)
Rubber bands
Rubber fingers
Scissors
Scratch pads
Shorthand notebooks
Stamps, regular and Air Mail
Stapler, staples, staple remover
Stationery:
  Envelopes, letter and 9x12 size
  Letterhead
  Tissue
  Ditto paper (3 reams)
  Colored paper, 1 ream each color
Tape: Brown gummed,
  Masking, 1 roll for each group
  Scotch, with dispenser
Mimeograph and/or ditto supplies may be ordered directly from company in conference city 10 days before conference

SPECIAL CONFERENCE SUPPLIES AND EQUIPMENT

Display board and literature
Easels, pads, and crayons or chalk
File folders
Mimeographed materials for distribution
Name tags
Programs
Registration cards
Registration signs
Ruled pads, letter or legal size
Slide projectors and slides
Transcriber
Tape recorder
Record player
First aid equipment

SPECIAL ARRANGEMENTS TO BE CONSIDERED AT CONFERENCE

Set up and check all equipment, check with hotel about insurance coverage on equipment.
Assign responsibility for safekeeping of equipment.
Assign responsibility for recording minutes, attendance, and comments.
Take receipts for express shipments in case of misdelivery.

OFFICE EQUIPMENT

- Collator
- Ditto machine and fluid
- Paper punch
- Typewriter: Arrange with local representative for out-of-town rental or loan

APPENDIX-C

MEETING ROOM CHART

FOR Leadership Conference

Location City

Day	ROOM	CHAIRS Number	Type

Date:	Person in Charge	SEATING ARRANGEMENT
A.M.		
Noon		
P.M.		
Evening		

VISUAL AIDS EQUIPMENT

Screen	
16mm. Silent Projector	2 x 2 Slides
16mm. Sound Projector	3½ x 4 Slide Projector
Opaque Projector	Illustrovox Sr. Projector
35mm. Strip Film Project.	8mm. Sound Projector
Projector Tables	Extension Cords

PUBLIC ADDRESS EQUIPMENT

Podium Mike	Lapel Mike
Speaker's Table Mike	Roving Mike
Forum Mikes	Floor Mikes
Transcription Players	Turn Tables 33, 45, 78
Continuous Player	Tape Recorder 3¾, 7½, 15

INSTRUCTIONS

SPEAKER'S TABLE

SPEAKER'S PLATFORM

MISCELLANEOUS PLATFORM EQUIPMENT

- Podium
- Podium Light
- Blackboards
- Electric Pointer
- Pointer
- Operator's Signal Lamp
- Speaker's Warning Lamp
- Chalk
- Erasers
- Lighting
- Easels
- Operator
- Sound Engineer

CONFERENCE LEADER'S CHECKLIST

CONFERENCE ______________________________ DATES ________________

	Date Due	*Date Completed*
THREE MONTHS BEFORE CONFERENCE:		
Brochure to secretary		
Space arrangements—housing, etc. (Notify:____________)		
TWO MONTHS BEFORE CONFERENCE:		
Budget to Secretary		
Films, books, etc., to be ordered (Notify secretary)		
Other materials to be ordered (Notify secretary)		
(Inform secretary about materials you are expecting)		
Packet materials		
Certificates, number needed, etc. (Notify secretary)		
(Certificates used on courses of two weeks duration or more)		
SIX WEEKS BEFORE CONFERENCE:		
Acceptance letter to secretary		
ONE MONTH BEFORE CONFERENCE:		
Materials ready: bibliography, tests, other material ditto		
Special activities planned: luncheon, tour, dinner, etc. (Notify:____________)		
POST CONFERENCE		
WEEK FOLLOWING CONFERENCE:		
Sign thank you letters		
Consultation fees (Notify secretary)		
Archive material		
Storage of supplies		
WITHIN 30 DAYS AFTER CONFERENCE		
Report to Grant Office		
WITHIN 6 to 12 MONTHS AFTER CONFERENCE		
Final report due		

SECRETARY'S CHECKLIST FOR CONFERENCES

CONFERENCE ________________________ DATES ______________

Date Due *Date Completed*

BROCHURES
Receive copy from conference leader (3 mos.)
Send to printing. (2½ mos.)
Mail. (2 mos.)

CERTIFICATES (Used only on courses lasting two weeks or more)
Sending to printing. (2 mos.) See———

ARCHIVES
Start archive box at outset of conference
(Should contain 1 copy of everything used
during conference, i.e., packet material and
conference handouts)

CARDEX
Do as applications are received

FORMS (2)
Resource person's forms (2 mos.)

ACCEPTANCE LETTERS
Receive from conference leader (6 wks.)
Send out as applications approved (Mark cardex)

PROGRAM
Receive from conference leader (1 mo.)
Send to quick copy (2 wks.)
Send to ——— with participant list (2 wks.)
Mark participants' traineeships and stipends for secretary and give to her (2 wks.)

FEE SLIPS
Do as money received. If time, send to
participant. If not time, take to
conference.

BADGES, TICKETS, PACKETS, SIGNS, SUITCASE
(Week before conference)

INDEPENDENT STUDY LAB MATERIALS
(Week before) See conference leader

PACK PACKETS
(Week before)

POST CONFERENCE

	Date Due	*Date Completed*
WEEK FOLLOWING CONFERENCE		
Thank you cards		
Put away conference materials		
Storage of supplies		
Tabulate evaluations and send to Planning Committee		
30 DAYS AFTER CONFERENCE		
Report to Grant Office		
File archives		

APPENDIX-D

ADDITIONAL LITERATURE RESOURCES

- Adult Education Association of USA.
  - *Adult Education*—Issued quarterly by the AEA.
  - *Adult Leadership*—Issued monthly by the AEA, except July & August.
  - 1225 Nineteenth Street, N.W.
  - Washington, D.C. 20036
  - AEA Monographs #1 & #2—Chicago, Illinois
    - Monograph #4—New York City, New York
- American Association for Higher Education.
  - *Current Issues in Higher Education*—Proceedings of the Annual National Conference on Higher Education. 1946-.
  - One Dupont Circle
  - Washington, D.C. 20036
- American Public Health Association.
  - *Procedures and Policy Guide for State Continuing Education Committee Chairmen.* Continuing Education Program. Mimeographed. Western Branch, San Francisco, 1967, p. 2.
- American Sociological Association.
  - *Journal of Health and Social Behavior*—Published quarterly.
  - 101 Connecticut Avenue
  - Washington, D.C. 20036
- Association for Supervision & Curriculum Development.
  - *Yearbook 1944*—in connection with the National Education Association.
  - 1201—16th Street, N.W.
  - Washington, D.C. 20036
- Center for the Study of Liberal Education for Adults
  - 138 Montfort Street
  - Brookline, Massassachusetts 02146
- Leadership Resources, Inc.
  - *Looking Into Leadership Series.*
  - 1750 Pennsylvania Ave., N.W.
  - Washington, D.C. 20006
- National Association of Science Writers.
  - *A Handbook for Press Arrangements at Scientific Meetings.*
  - Port Washington, New York: 1962.
- National Education Association.
  - *A Treasury of Techniques for Teaching Adults.* Washington, D.C.: 1964, p. 48.

National Society for the Study of Communication.
  Journal of Communication—Published quarterly by Allen Press, Inc., Lawrence, Kansas 66044.
  Society address:
    Liberal Arts Building
    University of Montana
    Missoula, Montana 59801
National Training Laboratory Institute for Applied Behavioral Science.
  Journal of Applied Behavioral Science—Published quarterly.
  Human Relations Training News—Published quarterly.
  1201 Sixteenth Street, N.W.
  Washington, D.C. 20036
Society for the Experimental Analysis of Behavior.
  Journal of Applied Behavior Analysis—Published quarterly.
  Department of Human Development
  University of Kansas
  Lawrence, Kansas 66044
Society for the Psychological Study of Social Issues.
  Journal of Social Issues—Published quarterly.
  2500 South State
  P. O. Box 1248
  Ann Arbor, Michigan 48104
University Presses
  Michigan State University, P. O. Box 550, East Lansing, Michigan 48823
  University of California at Berkeley, 2223 Fulton Street, Berkeley, California 94720
  University of California at Los Angeles, 405 Hilgard Avenue, Los Angeles, California 90024
  University of Colorado, Regent Hall, Room 2033, Boulder, Colorado 80302
  University of Iowa, Iowa City, Iowa 52240
  University of Oklahoma, Norman, Oklahoma 73069
Western Interstate Commission for Higher Education (WICHE), Boulder, Colorado.
  This organization publishes studies, papers, and programs on higher education.
  The Western Council on Higher Education for Nursing (WCHEN) also publishes similar material in relation to nursing.
  Publication lists may be obtained from them at:
    P. O. Drawer P, Boulder, Colorado 80302.

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